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Report on the Results of the Seminar on
the Saemaul Movement and
Promotion of the Primary Health Care Program

October 8-10, 1979

Korea Health Development Institute
Seoul, Korea

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PREFACE

The development of human services programs designed to create social equity is a national aspiration of the Republic of Korea to be achieved in the 1980's. For that purpose, representatives of the government, civilian and academic circles met to discuss matters related to the theme of the "Saemaul Movement and Civil Welfare in the 1980's" at this seminar.

Throughout the seminar, all participants sincerely and enthusiastically discussed the subject matter, reflecting their determination to develop social equity in this country in the 1980's.

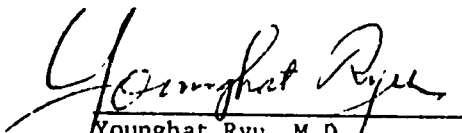
The participants reached a consensus that the development of the public health sector is one of the essential elements for the realization of social equity. The promotion of public health should be based on the Saemaul Spirit of "Hard-work, Self-help and Close Cooperation" among the people.

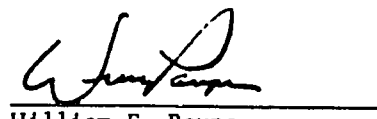
Recently, many governments throughout the world have placed an emphasis on the development of public health programs.

These nations are striving to provide "Health Services for all the people by the year 2000." Furthermore, the World Health Organization has recommended that the developing countries upgrade their public health programs, particularly the primary health care programs, to the level of their national economic and social development plans.

National health development programs can be accelerated by the Saemaul spirit of "Self-help and Cooperation" among the people.

In this connection, Korea's primary health care development could be accelerated by concerted efforts under the nationwide Saemaul Movement.


Younghat Ryu, M.D.
President
Korea Health Development
Institute


William E. Paupe
AID Representative
U.S. AID/Korea

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I. Introduction

Public health care has been one of the most important people's rights in the advanced countries, and most developing nations are striving to develop medical insurance and medicaid programs for the people.

However, in some countries where the medicare programs are financed by the contributions of third persons, the rapidly increasing medical demand and rising medical fees in comparison to the growth rate of the national income, which is being prompted by the advancement of medical science and medical equipment, has adversely affected the steady social development and national economic development.

Furthermore, the increased medical investment and expenditures have failed to bring about the originally expected results of an increase in the average span of life of the people and elimination of diseases, which is one of the perennial problems faced by the modern countries as well as the medical profession.

Under such situations, the World Health Organization held the "International Conference on the Primary Public Health and Medical Programs" in Alma Ata, the Soviet Union, on Sept. 12, 1978, and adopted the "Declaration."

The declaration called for "all of the governments in the world, all the health personnel and development planners, as well as rural communities, to promptly take necessary actions and measures to protect and promote the health of all of the people by the year 2000."

The proposed necessary measures called for the government to extend "cooperation" to the "self-help" rural communities which mobilize manpower

and material resources for the development of their public health and medical programs. Therefore, the proposed approach is very similar to Korea's Saemaul Movement.

Korea created the Saemaul Movement which has accelerated the rapid development of the rural communities.

If the public health programs are consolidated into the Saemaul Movement, Korea would become one of the most successful countries in the development of the public health and medical care programs throughout the world.

Korea has an unbalanced distribution of medical personnel and facilities. People in remote areas cannot afford access to medical care and facilities.

Since our national aspiration is to achieve a "highly industrialized country as well as a welfare society," the development of social welfare should go along with the national economic and social development.

In this connection, the WHO conference at Alma Ata declared that the national health programs should be centered on the "primary public health and medical services," and such public health services should be developed by the self-help and cooperative efforts of the people and by appropriate government support.

Korea has been successful with the Saemaul Movement, and the primary health care and medical programs are expected to be developed by the "self-help and active cooperative participation of the communities and people," thus accelerating the promotion of social welfare without impeding national economic development.

To improve people's health is essential for the rapid development of the national economic and social development, and therefore we are expected to work out economically efficient public health measures and programs to speed up the construction of a welfare society.

This seminar on "Saemaul Movement and Civil Welfare in the 1980's" has produced a direction and approach to the public health programs. This report on the results of the seminar is expected to serve as useful reference material for policy makers for the construction of a "welfare society of the highly industrialized nation in the 1980's."

II. Purpose

1. General Purpose

Detailed measures should be developed to consolidate the primary health and medical care programs into the Saemaul Movement for an efficient development of the public health services in the rural communities.

2. Objectives

- A. To define the role and function of the Saemaul Movement for the enlightenment of rural people on public health and medical problems.
- B. The role and function of rural community leaders in the creation of the public and medical services development in the rural communities.
- C. The role of the provincial governments and expanded

Saemaul activities inclusive of the public health and medical programs.

- D. The support of the central government for the comprehensive Saemaul Movement (civil movement).

III. Program

The seminar was held in the Chosun Hotel in Gyeongju City, Kyongsang Pukto, on Oct. 8-10, 1979, with a plenary meeting, subcommittee discussion sessions and general discussion meeting.

The plenary meeting included the keynote speeches, the presentation of themes and success stories of the Saemaul Movement, and the proposed measures for the development of the primary health and medical service programs consolidated into the Saemaul Movement.

The subcommittees, which were divided into four groups, discussed the following four subjects and reported to the plenary meeting the results of the discussions and adopted them as the recommendation of the seminar.

Subcommittees

Subject of Discussion

First Subcommittee

Necessary elements in the forward-looking Saemaul Movement for the development of a welfare society in the 1980's.

Second Subcommittee

The role and support by the central government for the consolidated operation of the primary health and medical programs under the Saemaul Movement.

Third Subcommittee

The role and function of the provincial government for the consolidated operation of the primary health and medical programs under the Saemaul programs.

Fourth Subcommittee

Appropriate measures to stimulate the voluntary participation of the rural people and to secure financial resources for the development of the primary health and medical service programs.

Meanwhile, it is noted that this seminar was successfully prepared under close cooperation rendered by Lee Man-ui, Saemaul Officer at the Ministry of Home Affairs; Song Sun-dae, an official at the Medical Administration Bureau, Ministry of Health and Social Affairs; and Byon Ryang-kyun, an official at the Planning Bureau of the Economic Planning Board.

It is also noted that the U.S. Agency for International Development (AID) in Korea and the Asia Foundation extended generous financial assistance for the successful preparation of this seminar.

1. Opening Session

Opening Address

By Ryu Younghat

President of Korea Health

Development Institute

Honorable Health and Social Affairs Minister Hong Song Chul; Kim Mu Yon, Governor of the Kyongsang Pukto Government; Kim Jong Ho, Assistant Minister of the Ministry of Home Affairs; Mr. William E. Paupe, Director of the U.S. Agency for International Development in Korea; Dr. A. Rankin, Resident director of the World Health Organization; Mr. Yang Jae Mo, a committee member of the Health Policy Consultative Committee; Mr. Ben Kremenak of the Asia Foundation; and Dr. Kwon E-Hwock, chairman of the board of directors, Korea Health Development Institute --

It is with great pleasure and honor that we hold here today a seminar, with the attendance of the distinguished guests, on the "Saemaul Movement and Civil Welfare" for the development of the primary health service programs with the view of constructing a welfare society.

We have the successful Saemaul Movement with the dynamic spirit of hard-work, self-help and cooperation which has revitalized the rural communities by removing the stagnancy and inefficient elements in the life of the rural people in the past ten years.

The Saemaul Movement, as you know, has changed the face of the rural

communities, and has become one of the most successful rural development movements in the world.

For past centuries, Oriental medicines were prevalent in the treatment of diseases in Korea. Modern medical science was introduced to Korea about a century ago, and since that time the modern medical profession has contributed greatly to the development of national health by treating and curing the diseases and patients.

As medical science developed the preventive medical approach, it began to take root in Korea after the nation's liberation from Japan in 1945.

The earlier medical profession was devoted to the elimination of causes and elements of diseases; however, modern medical science has uncovered the fact that the cause of disease lies in many social and environmental elements harmful to health.

Therefore, it has been stressed that the maintenance of health calls for not only the removal of the cause of disease but also the upkeep of healthful daily life and environment.

The development of health calls for a combined approach of medical science as well as other related sciences.

In short, human health begins before childbirth; that is, upon conception of an embryo in the womb of the mother.

In this connection, the Korea Health Development Institute has carried out model "Village Primary Health Care Programs" in Hongchon County, Kangwon-do, in Okgu County, Cholla Pukto and in Gance County, Kyongang

Pukto, since 1977.

We have encountered many problems, but the Village Health Care Programs have contributed greatly to public health development in the rural communities.

As in other activities, the voluntary and self-help cooperation of the people has been essential in the public health development.

We have the successful Saemaul Movement, with its guiding spirit of "Hard-work, Self-help and Cooperation" among the people. Therefore, the public health programs should be integrated into the Saemaul Movement.

Even plants and grass grow soundly under tender care, and the tilling machine increases its efficiency and service life by periodic inspection and maintenance.

The primary health and medical care programs are designed to develop a system of practices among the people to take care of human health from the inception of life in the womb.

Such primary health care programs, therefore, should be integrated into the Saemaul Movement for successful public health development.

We have gathered together to hear and discuss the valuable experiences of the Saemaul leaders and the themes and proposals of the government officials, professional health personnel and those members of academic circles regarding the public health service problems.

We hope that this Seminar will serve as a milestone in the construction of a welfare society by producing positive measures for the promotion of

public health programs in line with the nation's social and economic development.

I would like to take this time to express our deep gratitude to the Kyongsang Pukto Provincial Government and Gyeongju City authorities for their kindness and cooperation to allow this seminar to be held here today.

I also would like to express our heartfelt appreciation to the U.S. Agency for International Development in Korea and the Asia Foundation for their generous assistance which helped this seminar to successfully open today.

Thank you.

Congratulatory Address

Hong Song Chol

Minister of Health and

Social Affairs

I would like to express my deep appreciation to the Korea Health Development Institute, Mr. Paupe, Director of the U.S. Agency for International Development in Korea, concerned government officials, members of academic and research institutions, and Saemaul leaders for the successful preparation and arrangement of this seminar.

I think this seminar is timely and important in view of the fact that we are striving to construct a welfare state.

It is timely because the Saemaul Movement will observe the 10th anniversary of its inception next year, and 1980 opens a new chapter for the construction of a welfare state in the coming decade.

A friend of mine, named Toba Kimichiro, former dean of the commercial college of Waseda University, Japan, served as an exchange professor at Korea University for one year, and wrote a book entitled "Another Korea."

He once told me that "the decade of the 1980's is very important for Korea" because of the following reasons.

He said that Korea's per capita income will increase from \$1,200-\$1,300 to \$2,000 in the 1980's. History shows that the transitional stage of increasing per capita national income above the level of \$500, and from

the \$1,200-\$1,300 level to the \$2,000 level, is important.

The stage of per capita national income of over \$2,000 is the so-called "my car age" when the people keenly feel the wide gap of incomes and wealth between the social strata. Furthermore, the stage is far from a welfare state despite the national efforts to develop a welfare society.

Since Korea is lacking in natural resources, the situation here will be more challenging and difficult than that in other countries.

Historically, a 30-year generation is also important. The year 1980 marks a generation of 30 years since the outbreak of the Korean War. The new generation, who has had no experience in the national trials of the Korean War, will assume a leading role in the society.

I agree with Prof. Kimichiro's prediction that the 1980 decade will be important for Korea.

Therefore, it is timely and important to discuss the matters related to the Saemaul Movement and Civil Welfare at this seminar.

As the government is striving to construct a welfare state, your discussion at this seminar will contribute greatly to our national development plan.

On the occasion of the tenth anniversary of the Saemaul Movement, the government, particularly the Ministry of Home Affairs and the Ministry of Health and Social Affairs, is studying the possibility of revitalizing the Saemaul Movement for the development of a welfare society.

As you know, the Saemaul Movement calls for spiritual revitalization,

environmental renovation and increased incomes of the rural people.

The Saemaul Movement has succeeded in improving the material welfare of the people; however, happiness of life requires not only material well-being but also a healthy spirit and sound body.

Therefore, the government has planned to actively promote the primary health care program as part of the Saemaul Movement from 1980 onward.

With this in mind, this seminar is expected to produce constructive proposals for our national efforts to develop the primary health care program under the Saemaul Movement.

I attended the general assembly of the World Health Organization held in Geneva last May.

The WHO conference devoted its discussions to the matters relating to the primary health care of the people.

After I explained our program in my keynote speech and the fact that Korea plans to develop the primary health care program as part of the Saemaul Movement, many foreign representatives expressed their interest in our program and asked me to introduce Korea's approach for the primary health care program.

Therefore, I believe that our approach to developing the primary health care program under the Saemaul Movement will achieve remarkable success as a model case in the world.

As you know, President Park Chung Hee made public the Saemaul Movement at the gubernatorial meeting held on April 22, 1970. At that time, I was

serving as one of the assistants to the President at Chong Wa Dae, President Park said that everything has a time for its development.

The time had come, the President said, to launch the Saemaul Movement in the 1970's, citing the following reasons:

Firstly, the farmers' movement required the awakening of the farmers to the idea that "We can do it." During the 1960's, we showed that "We can do it" by constructing industrial plants and increasing exports.

Secondly, the government has accumulated financial resources during the last decade to help develop the farmers' movement.

President Park also pointed out that the Saemaul Movement requires the following important elements for the successful development of the farmers' movement.

Firstly, farmers should be encouraged to actively participate in the Saemaul development projects, and the projects should be successful so as to give an assurance to farmers that "We have achieved good results and better living conditions" by self-help and cooperation.

Secondly, good village leaders are necessary to lead the farmers, and the education and training of the leaders, as well as the farmers, is important for the success of the Saemaul Movement.

Under the above guidelines, the Saemaul Movement has achieved successful results.

I have read the thesis prepared by Hwang In Jong, Chief of the Research and Planning Office, the Agricultural Economic Research Institute, which cited seven factors that have led to the success of the Saemaul Movement.

It is important that the time and conditions should be "ripe," and efficient and appropriate measures should be taken for the success of the movement and programs.

I believe that the time has come to develop the primary health care program in conjunction with the Saemaul Movement.

The government will begin implementation of the primary health care program based on the research and analysis of this seminar in 1980, as well as the studies conducted by the Ministry of Home Affairs and the Ministry of Health and Social Affairs.

I know that your theses cited three important elements for the successful development of the primary health care program as follows:

Firstly, government determination and decision;
secondly, the cooperation by medical personnel; and,
thirdly, the participation of the people.

I believe that the government will make a decision, the medical personnel will cooperate closely, and the people will actively participate in the primary health care program as they have demonstrated cooperation in the Saemaul Movement programs of the past ten years.

The remaining element is to produce an efficient and reasonable policy program for the successful implementation of the primary health care movement.

This seminar is expected to produce fruitful discussions for the formation of the policy program.

I hope that this seminar will contribute greatly to the development

of the nation's primary health care program.

Thank you.

Congratulatory Address

Ku Ja Chun

Minister of the Home Affairs

Honorable Minister Hong Song Chol of the Ministry of Health and Social Affairs, Mr. William E. Paupe, Representative of the U.S. Agency for International Development, Mr. Alan E. McBain, Representative of UNICEF, and distinguished guests.

It is with great pleasure that I deliver a congratulatory address at this seminar on the "Saemaul Movement and Civil Welfare in the 1980's."

Overcoming the economic challenges precipitated by the oil crisis and the flood disaster the past summer, the nation has made a steady economic growth by harvesting bumper crops this year and by rapid industrial expansion along with increasing exports.

The driving force of the economic development has been the Saemaul spirit of "Hard-work, Self-help and Cooperation" among the people to achieve better life and prosperity.

Since President Park Chung Hee launched the Saemaul Movement on April 22, 1970, the movement has developed into a "New Nation-building Movement" among the people in the rural communities, cities and factories.

The Saemaul Movement marked an epoch in Korean history by revitalizing the rural communities for the better life and future of the people.

Under the Saemaul Movement in the past decade, the farmers produced two times the amount of investment provided by the government.

The concerted efforts of the farmers under the Saemaul Movement have enabled them to increase their annual average income over that of the city workers since 1974.

In the short span of ten years, our farmers have achieved a remarkable development which would have taken several decades in other countries.

The Saemaul Movement has become a subject of international interest, with some developing countries sending their farm experts to Korea to inspect and observe the work of the Movement. It is also known that the international organizations, including the United Nations, have a keen interest in the Saemaul Movement with a view to recommending such farmers' movements to other developing countries.

Based on the success achieved during the 1970's, the Saemaul Movement should be further developed to meet the national aspirations for the construction of a welfare state in the 1980's.

The social development and promotion of people's welfare has been emphasized under the current fourth Five-Year Economic Development Plan.

Therefore, the Saemaul Movement should be upgraded from the development of basic production base and environmental improvement to the promotion of people's cultural and social welfare.

In this connection, this seminar is timely for discussing the "Saemaul Movement and Civil Welfare in the 1980's."

I hope that this seminar will produce fruitful results for the further development of the nation's Saemaul Movement.

I also would like to express my sincere appreciation to the Ministry of Health and Social Affairs, the Korea Health Development Institute, U.S. Agency for International Development in Korea, and other government officials and medical personnel for their efforts and assistance rendered to make this seminar successful.

Thank you.

Welcoming Address

Kim Mu Yon

Governor, Kyongsang Pukto

Provincial Government

It is a great honor to me that this important seminar was chosen to be held here with the attendance of the distinguished guests and Honorable Minister Hong Song Chol of the Health and Social Affairs Ministry; Assistant Minister Kim Jong Ho of the Ministry of Home Affairs; Dr. Koh Byong Ik, the president of Seoul National University Hospital; Mr. William E. Paupe of the U.S. Agency for International Development; representatives of the academic and medical circles, health officials and Saemaul officials of the provincial governments.

We have carried out the Saemaul Movement in this province and rural development has been our utmost concern.

Under the Saemaul Movement, our farmers have changed the face of the rural communities with an increased production and income in the past ten years.

I think that the Saemaul Movement has produced the Third Creation, following God's creation of the universe, and our ancestor's creation of the cultural heritage.

Under the Saemaul Movement, our farmers have increased production and incomes, and improved their living standards and environment.

However, our farmer's movement is expected to strengthen its autonomous

function with a view to reducing their reliance on the government's support.

Therefore, our farmer's movement should develop the division of labor under the cooperative work to promote the social welfare and public health in the rural communities.

In this respect, this seminar is timely and appropriate for discussing measures for the development of social welfare and public health in our rural communities in the 1980's.

I would like to point out that the Village Health Program, which the Korea Health Development Institute has carried out in Gunee County of this province, has contributed greatly to the health development in the rural communities.

I sincerely hope that this seminar will bring about fruitful results for the primary health care programs in the rural communities.

I also hope that you will have a pleasant time during your stay in our province and find a time to enjoy the scenic spots and historical sites in Gyeongju and adjacent areas.

Thank you.

Keynote Speech

Health and Social Policy for the Realization of a Welfare Society

By Park Jun Ik

Chief of the Office of
Planning and Management
Ministry of Health and
Social Affairs

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4. Conclusion

1. Introduction

We have achieved a remarkable economic development since the 1960's and made great strides toward the construction of a welfare society in the 1980's.

The remarkable development has been propelled by the spiritual revival of the people and improvement of living standards and environment prompted by the "Hard-work, Self-help and Cooperative" Saemaul Movement and the consecutive four Five-Year Economic Development Plans.

The development has changed the face of the cities and rural communities, shaking off the stagnancy and poverty of the farmers. Domestic capital, manpower and techniques have been mobilized for the balanced development of industry and rural communities. The country is moving towards a technologically intensive heavy industry and chemical industry for the realization of a highly industrialized society.

Some foreign observers say that Korea's development is a "Miracle of the Han River," and they have begun to take a keen interest in the dynamic Saemaul Movement.

However, we have come here today to review problems involved in the rapid industrial development and economic improvement. We have achieved remarkable development in the environmental improvement and increased income of the rural people under the Saemaul Movement; however, there has been considerable room for development of health and medical care programs and social welfare programs, such as pollution control and support for the under

privileged person.

Therefore, the current fourth Five-Year Economic Development Plan places emphasis on the social welfare development for the balanced socio-economic advancement.

It is therefore appropriate to review the social welfare and public health programs in conjunction with the Saemaul Movement for the realization of a welfare society in the 1980's.

2. Saemaul Movement in the 1980's

The Saemaul Movement was launched in 1971 by dividing the rural communities into three groups-- the elementary villages, self-help villages and self-reliant villages. As of 1979, most of the villages have developed into the self-reliant communities which are able to develop their own village projects with only the support of basic materials.

Therefore, a new goal and model has become necessary to upgrade the development of the Saemaul Movement in the 1980's.

The goal is the development of enterprising villages where people will enjoy more social welfare by organizing their resources and potentials for the community development.

The government expects that 50% of the total villages will improve to the status of enterprising communities by 1986, with the goal that whole villages will become enterprising by 1990.

The enterprising communities will have balanced development in every sector, including convenient and healthful living conditions and environment with complete piped-water supply systems, better medical care for mothers and children, and other cultural and social welfare programs.

The detailed programs for the development of such communities should be worked out by the authorities concerned in cooperation with experts on rural communities.

With these reasonable programs, the Saemaul Movement will make great strides for the better future of the rural communities and national prosperity.

The enterprising communities will also be encouraged to develop a regional economy by cooperation between several villages under the Saemaul Movement.

3. Health and Social Policy for the Welfare Society

A welfare society will be a society where people can enjoy life without destitution and have the opportunity to develop their abilities and potentials.

As the society developed, the idea of welfare changed and the demand for welfare has steadily increased.

The idea of welfare has developed to the social security system under which every man is entitled to have a stabilized economic life, with protection from diseases and natural disasters, and have an opportunity to develop his abilities and potential.

Although the government should do its best to give the greatest happiness to the largest number of people, the limited available resources have forced the government to develop step-by-step social welfare programs to meet the national realities and cultural heritages. Our social welfare program is expected to develop in the following areas:

A. Healthful Life

All people are entitled to have a healthful life, with protection from disease, and appropriate medical care. Without health, everything will be meaningless.

Statistics show that the national health has greatly improved in terms of an increased life expectancy and physical fitness, thanks to the improved living standards and the rudimentary social welfare programs.

(1) Promotion of National Health

The national health should be promoted not only by strengthening the public health care programs, such as control and prevention of epidemic

diseases and medical care of mothers and children, but also common efforts on the part of the people to maintain personal health and improve their physical fitness. Preventive health is more ideal and economical than curable infirmity.

With this in mind, the World Health Organization made a resolution at its general conference on primary health care held in September, 1978, which called for every government to actively support the nationwide health promotion program which is more economical than the medical care program.

We also are carrying out demonstrative health promotion programs in several counties, and such programs are expected to spread to other areas.

Such programs should be accompanied by preventive measures against epidemics and the development of a hygienic environment. If every person is healthy, the financial burden for medical care will be greatly reduced. Minor diseases could be treated at the health offices and clinics, while serious patients could receive sufficient medical treatment at hospitals.

As the healthful conditions develop, the peoples' average life expectancy will increase to 70 years by the middle part of the 1980's, when the waterborne epidemics, such as typhoid fever, will be brought under control.

(2) Expansion of Health and Medical Facilities

Together with the preventive health programs, the medical personnel and facilities should be increased to give appropriate medical services to the people. The government is striving to increase the number

of health offices and stations to eliminate the doctorless areas, and has encouraged the privately-run hospitals to construct their branch hospitals in the industrial areas and medically vulnerable areas. However, such encouragement has not been enough to develop the medical facilities.

Therefore, a drastic measure such as financial support and tax privileges should be given to the development of medical facilities in rural areas. Such favorable support is necessary to expand the medical facilities throughout the country to meet the needs of the increasing number of people who are insured under the Medical Insurance and Medicaid Programs.

(3) Family Planning and Mother-Child Health Care

Korea's family planning program has been one of the most successful model cases in the world. The family planning practice rate amounted to 50% and the nation's population increase rate has been curbed to 1.6% annually. However, since the women who were born in the wake of the Korean War have reached the child-bearing age, the population will increase at the current rate despite the successful family planning program.

The mother-child health care is important for the birth control of mothers and for the improvement of the health of children. The mother-child health care is one of the most important primary health care programs to ensure healthful growth of babies who are our second generation.

(4) Control of Foods and Medical Goods

Foods are essential elements for maintaining our life and health. Since processed food-stuffs have been used increasingly in our dietary life, the quality control of such food products should be strengthened

In addition, the control of the manufacturing and marketing of quality and effective medicines and drugs should also be strengthened.

B. Creation of Healthful Environment

It is important to maintain a clean and convenient environment and to conserve nature for the improvement of public health and welfare. The natural surroundings should be protected from destruction, and be utilized efficiently for the benefit of the people.

(1) Hygienic Surroundings

Garbage and human waste in cities should be treated hygienically and sewage treatment facilities should be developed in cities and rural areas. Houses and buildings in cities should be equipped with flush toilets.

The Saemaul Movement in cities has greatly improved the hygienic surroundings; however, the problem of the disposal and treatment of garbage and trash remains to be solved.

(2) Pollution Control

As the nation has achieved a rapid industrialization since the 1960's, the pollution problem has become serious. Therefore, it has become necessary to legislate the Environmental Protection Law and Sea Anti-pollution Law, and to organize an Environmental Office in the government. To control air pollution, it will be necessary to increase the supply of low-sulphur oil and city gas, to deconcentrate the industrial plants, and to have the plants equipped with pollution control devices.

The pollution surveillance should be strengthened by setting up pollution monitoring systems in major cities, industrial areas and river basins.

Furthermore, the development and construction of industrial areas and plants should be evaluated in advance, in light of their effects upon the environment.

As the population increased and the industry expanded, the river and water pollution became serious. The water pollution is expected to be controlled by a series of measures which call for the industrial plants to be equipped with waste-water control devices, the development of sewage treatment plants, deconcentration of plants and the strengthening of the nationwide nature conservation drive.

Meanwhile, as part of the Saemaul program, all rural villages will develop their water supply system by 1981.

C. Construction of a Bright and Stabilized Society

The social security program should be developed to distribute fairly the fruits of the economic development among the people and provide relief for unfortunate persons in distress. To develop the social security program, it will be necessary to further increase the incomes of the people and business firms by the development of private industry to enable them to share the financial burden entailed in such a program, because the national financial resources are limited.

(1) Social Insurance

Various insurance systems are the backbone of the social security program. The current Medical Insurance Program, the Industrial Accident Insurance System, and the pension programs for civil servants, military servicemen and private school teachers should be further developed.

The medical insurance program, which was put into effect three years ago, has been applied to the employees of those firms and organizations which employ more than 300 persons. The industrial accident insurance program should be expanded to provide more assistance for the accident-inflicted persons at the industrial establishments.

The program is also expected to implement the National Welfare Pension Program in the 1980's to provide social insurance up to 50% of the total target population.

(2) Social Relief

The social relief program should strengthen direct financial support to the needy people, as well as the indirect support, by providing jobs and other services for the needy people.

The medicaid program, school-lunch program and supply of provisions to the needy people should be further strengthened.

(3) Social Welfare Program

The social welfare program should be developed to support and complement other social preventive and relief programs.

The community services which are geared to the sound and healthful development of children and young people should be oriented to promote the family welfare. The regional services should be strengthened to take care of orphans, aged persons, disabled persons, mentally and physically retarded persons and unfortunate women.

The government should formulate the nationwide social welfare programs, conduct the study and survey and allocate the budget for large

social welfare programs, which are beyond the regional efforts.

4. Conclusion

Although the above programs are essential for the realization of a welfare society, it is also important to develop a sympathetic and humanized society where the traditional moral and cultural heritages are maintained.

In this respect, the traditional family system should be maintained and the traditional cooperative assistance among neighbors should be promoted.

With the peoples' cooperative Saemaul Movement and the New Spirit Movement, the nation's social welfare program will make great strides in the 1980's.

I sincerely hope that this seminar will bring fruitful results for the realization of a welfare society in the coming years.

4. Presentation of Theme

Theme 1: Civil Welfare and Saemaul Movement

By Lee Jae Chang,

Saemaul Officer,

Ministry of Home Affairs

1. Saemaul Movement and People's Welfare

The basic idea of the Saemaul Movement is to bring about a "well-being" of the people. What is the well-being of the people?

The well-being calls for the people not only to have the economic means to satisfy their daily necessities and decent life, but also to enjoy a cultural life.

It is not limited to the individual well-being. All of the people should be able to enjoy economic and cultural well-being by cooperation and mutual assistance and construction of a bright society and a strong and rich nation.

Therefore, the Saemaul Movement is designed to help all the people enjoy economic well-being as well as spiritual and cultural life.

In short, the Saemaul Movement is an economic development movement as well as a social development drive to achieve the greatest happiness and prosperity of the "individual and the people".

What is the "Civil Welfare"?

The Civil welfare calls for the individual as well as people as a whole body in a community to enjoy material well-being and cultural life with sound mind and healthful body.

Therefore, the people's welfare could be achieved by a cooperative effort of the people in the community.

The people should be free from poverty and disease, the underprivileged persons should be supported and protected, and the living environment should be healthful for all the people.

Is there a relationship between the Saemaul Movement and the Civil Welfare?

The Saemaul Movement, with the guiding spirit of "Hard-work, Self-help and Cooperation," has helped the individual as well as the whole body of people to increase their incomes, create healthful environment, and extend assistance to the neighbors for the common prosperity of the community.

In this respect, the Saemaul Movement has been the driving force in the promotion of the civil welfare.

The Civil Welfare should not be interpreted in the some narrow sense as the social security system that has been developed in Western countries.

The Civil Welfare includes not only the state support program but also the development achieved by self-help efforts of the people.

Therefore, the civil welfare programs could be more efficiently carried out and developed under the Saemaul Movement.

We have learned and accomplished much in the people's welfare programs under the Saemaul Movement in the 1970's.

It will be appropriate to review the accomplishments of the Saemaul Movement in the 1970's in order to develop further the Movement for the construction of prosperous communities and the country in the coming 1980's.

2. Accomplishments of the Saemaul Movement in the 1970's.

Since President Park Chung Hee made public the Saemaul Movement on April 22, 1970, a total of 857,861,000 persons have taken part in the Saemaul development programs and projects throughout the country as of the end of 1978.

This means that every person of the nation's total population of about 35 million took part 24 times in the Saemaul projects, or three times annually.

A total of 1,993,900 million won, including 974,500 million won in government support, and 1,019,400 million won in community contribution, has been invested for the implementation of 10,512,000 projects throughout the country. The total projects represented an average of 290 projects in each village.

The accomplishments represent two times the total government support funded for the projects.

Major accomplishments of the Saemaul Movement are as follows:

1) Spiritual Renovation

- (1) The apathetic and fatalistic views are removed.

The people have become confident that "They Can Do It," and are determined to overcome challenges for the development of productive projects.

- (2) The people have assumed an active attitude rather than the traditional negative and easy-going attitude in the community development.

They actively tried and used new farming techniques and methods, and women actively took part in the social activities and served as Saemaul leaders.

(3) The people have strengthened the cooperative efforts, which brought about more fruitful results than individual effort. The mutual cooperation has become the way of life in the communities.

(4) The people have strengthened the altruistic sense of their communities and nation.

2) Economic Development

The Saemaul Movement has revitalized the people's moral and activities and has propelled the remarkable development in the national economy, social and cultural fields.

The Saemaul Movement has been the driving force in the rapid economic development, which achieved the goal of \$1,000 per capita GNP and \$10,000 in commodity exports in advance of the target year overcoming the economic difficulties and challenges brought on by the worldwide oil crisis.

In particular, the Saemaul Movement has brought about an unparalleled development of the rural community in the short span of only ten years.

The annual average income of a farmers' family increased from only 256,000 won in 1970 to 1,884,000 won in 1978.

The original goal of the farmers' annual average income of 1,400,000 won to be achieved in 1981 was attained four years ahead of time in 1977, when it reached 1,430,000 won.

Our farmers also produced the highest yield of rice per unit of land in the world. Such remarkable accomplishments were made possible by

the Saemaul Movement.

As of the end of 1978, farmers in 34,711 villages, or 99.7% of the total villages, earned more than 1,400,000 won in annual average income per household.

Farmers in 74% of the total villages earned more than 1,800,000 won in annual income per family. Thus, the economic picture in rural communities has improved remarkably.

The Saemaul Movement in factories also contributed greatly to the increased productivity and reduction in production cost.

National Economic Growth

	<u>Unit</u>	<u>1961</u>	<u>1971(A)</u>	<u>1978(B)</u>	<u>A:B</u>
Per Capita National Income	US\$	83(100%)	547	1,242	2.2 Times
Farmer's Household Annual Income	1,000 Won	206	317	1,782	5.6 Times
Exports	\$1 million	41	1,352	12,711	9.4 Times
Rice Yield	1,000 Sok	24,046	27,761	40,258	1.45 Times

3) Development of Living Conditions

The Saemaul Movement has also changed living conditions in the rural communities. The original slogans which called for the farmers to be free from "A-Frame, Oil Lamp and Thatched Roof Houses", have been realized.

Ninety percent of the goal of constructing roads and bridges in rural communities has been completed in 1979. The total goal will be achieved by 1981.

All of the thatched roof farm houses have been replaced by the tile

roof houses. In addition, a total of 540,000 modern-style houses will be constructed in rural communities by 1983. Of the goal, 35% have been constructed in 1979.

The electrification of the rural areas will be completed this year by providing electricity to 2,778,000 farmers' families in the country. Thirty-eight of every 100 farmers' families own TV sets.

The development of water supply systems in rural areas will be completed in 23,628 places by the end of 1979, or 63% of the total 37,584 places. The goal will be achieved by 1981.

Telephone communication connects 18,633 villages, thus facilitating the local communications.

Of the total 34,815 villages in rural areas, 28,701 villages, or 82%, have developed into the self-reliant villages, with the remaining 6,114 villages improving to the status of self-help communities.

All of the self-help villages are expected to become self-reliant communities by the end of 1979.

4) Saemaul Movement in Cities and Factories

The Saemaul Movement is also carried out in cities, offices and schools by organizing the Saemaul Funds, helping the neighbors, sweeping the streets and observing the public order.

The Movement in factories has developed a smooth and cooperative relationship between the employees and employers, thus contributing greatly to an increase in labor productivity.

3. Saemaul Movement in the 1980's

Our nation is striving to achieve a highly industrialized welfare society in the 1980's. To achieve the goal, the Saemaul Movement should be further strengthened as one of the national development programs.

It would be appropriate to develop an outlook of the development aspects in the 1980's to set the direction of the Saemaul Movement for the achievement of people's welfare.

1) Conditions in the 1980's (Assumption)

(1) Highly Industrialized Society

The industrial structure will shift from the light industry to heavy industry and chemical industry.

Light Industry: from 57.5% in 1975 to 48% in 1981; 41.7% in 1986; and to 36.2% in 1991.

Heavy Industry: from 42.5% in 1975 to 52% in 1981; 58.3% in 1986; and to 63.8% in 1991.

This rapid industrialization will bring about rapid urbanization of the rural areas. The urbanization will increase from 52% in 1976 to 59% in 1981; 66% in 1986; and 75% in 1991.

(2) The traditional rural society will be changed.

The farmers will use more motorized farm tools and the agricultural business will further be commercialized.

The profit-motive tendency will be increased in the rural communities.

An increasing number of farmers will move into cities, resulting in the shortage of manpower in rural areas.

The rural population will decrease from 36.7% of the nation's total population in 1976 to 30.2% in 1981; 24.7% in 1986; and to 20.5% in 1991.

(3) The cultural and welfare facilities will be increased in rural communities.

The living environment will be greatly improved by the construction of modern housing, piped-water systems, sewage treatment systems and paved roads.

The people will be able to enjoy more nutritious foods and receive primary health care.

The cultural and educational facilities will be increased, including libraries, athletic halls, schools and kindergartens and other recreational facilities.

Supermarkets, civil services and telephones will be increased.

(4) The annual increasing rate of farmers' income will decline due to the limited productivity of agricultural production.

The production cost will increase and there will be problems in the marketing structure of agricultural products.

The farmers' income increase rate declined from 38.6% in 1974 to 31.9% in 1975; 28.8% in 1976; 12.5% in 1977; and to 31% in 1978.

2) Direction of the Saemaul Movement

(1) The Saemaul Education should be strengthened.

The education should be oriented to prevent the development of the negative social culture accompanied by the rapid industrialization. The people will be encouraged to have dignity and decent manners befitting

the people of an advanced nation, and the farmers will be encouraged to develop new farm techniques.

(2) The Development of the Saemaul Funds

The Saemaul Movement should strengthen its economic function for the common benefit of the people in the communities.

The city Saemaul Funds will develop common profit-making business such as marketing of Saemaul products.

The people will be encouraged to help each other and have an austere life.

(3) Development of City Saemaul Movement

The negative and unproductive elements in the community should be discouraged.

The productive activities should be encouraged in the communities, offices, plants, schools and other organizations.

(4) Increase in Agricultural Incomes

Saemaul factories should be developed in rural areas to help increase the farmers' income. The farmers will be encouraged to develop the production of specialized products by using farm machines.

The production and marketing structure of agricultural goods should be improved.

The development of enterprising villages will be further encouraged.

(5) Saemaul Welfare Program

An integrated community development plan should be carried

out by cooperative efforts.

Housing and public facilities in the community should be further developed.

The primary health and medical care program should be developed.

(6) Promotion of Cultural Activities in Rural Areas

The traditional cultural heritages and activities, and historic relics should be preserved.

Healthful popular songs, entertainment activities and public lectures should be encouraged.

4. Conclusion

There will be no relaxation in our efforts to achieve the economic and social welfare and prosperity of the individuals, our community and our nation under the Saemaul Movement.

Every person will be required to do their best for the welfare and better future of each individual, our villages and our country under the Saemaul Movement.

We should not be satisfied with the accomplishments of the Saemaul Movement. We should develop a high income and welfare state by our cooperative efforts in the years ahead.

Theme 2: Welfare Policy and Civil Movement

By Lee Du Ho

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It is with regret that I have not had enough time to prepare this thesis on Welfare Policy and Civil Movement. I just returned home on Oct. 4 after attending the Asia-Oceania Regional Meeting of the International Social Security Association (ISSA) which was held in Tashkend, Uzbek Republic, the Soviet Union, on Sept. 21.

However, I will review the idea and category of the social welfare policy, the historic background and current trend of the welfare policy, the direction of an ideal welfare policy to be developed in Korea, and the civil movement for the promotion of social welfare.

1. The Idea and Category of Welfare Policy

It is difficult to define clearly the idea and category of the social welfare. The idea is also expressed in terms of social well-being, social security, social protection, or social planning, social development and social policy.

Prof. Titmus said in his authoritative book entitled Social Policy that the theoretical conception of social welfare "has an intellectual limit and a conceptual value vacuum."

However, the conception could be redefined in the event the idea is to be applied to a specific society, specific culture, limited situation or

limited historical period.

The idea of social welfare in the theocratical Middle Age under which man is considered the creature of God will be different from that in the age of laissez-faire and in the current world in which man is considered a social animal which has a dialectical relationship with the society; that is, man composes the society and society makes man.

It will also be different according to cultural heritage and political ideology.

However, it boils down to the fact that every state is striving to develop into a welfare stage and that every man seeks to have a happy life.

In this respect, the welfare policy calls for the government to improve the quality of life of the people under the social justice and equality of opportunity for every man.

Such a welfare policy will include the social security programs, such as medical insurance, income policy, employment policy, health care programs, education and housing policy. It will also include the regional and social development policies such as environment conservation, transportation and communication development, population policy and human development.

The quality of life, or social welfare, will be classified as follows:

- 1) Material wealth, i.e., guarantee of income.
- 2) Physical health, i.e., prevention of diseases and medical care.
- 3) Achievement of aspirations, i.e., guarantee of social justice and equality of opportunity.
- 4) Maintenance of warm human relationship.

5) Pleasant living conditions.

The above five elements are interrelated and complementary; therefore, the lack of one element will undermine the achievement of other elements.

It requires a combined effort of the state, society, family and individuals. Therefore, lack of any function of the above four factors will undermine the achievement of the objective.

2. Trend of the Welfare Policy

I will review briefly the historical aspect of the welfare policy and the major type of welfare policy of the modern world, which could be classified into the advanced capitalist state type, socialist state type and the developing nations' type.

Firstly, until the Industrial Revolution in 1780, welfare programs were carried out by the Christian Church in the form of philanthropic and relief programs for the poor and people in distress.

Secondly, until 1880, after the Industrial Revolution, the Mutual Corporations were organized under the influence of the Friendly Society, and the Employer's Liability System was developed for the employees based on the Feudal System, the Craftsman Apprenticeship System, and the quasipaternal authority of the employers. The Employer's Liability was the forerunner of the present Industrial Accident Insurance. In addition, the Private Insurance was developed for the risk of one's future.

Thirdly, from 1880 to 1930, the Social Insurance Scheme was developed first by the Disease Insurance adopted in Germany in 1883, followed by

Industrial Accident Insurance, the Old Age and Disabled Pension and Unemployment Insurance developed in other countries. In addition, the International Labor Organization (ILO) was organized in 1919, the International Social Security Association (ISSA) in 1927, and the International Conference of Social Welfare (ICSW) in 1928.

Fourthly, from 1930 to 1945, the Social Security Act was legislated in the United States in 1935 and the Beveridge's Report was adopted in Britain in 1942, thus the idea of Social Security spread worldwide.

Fifthly, from 1945 to this day, the United Nations adopted the International Declaration of Human Rights in 1948, and most countries included living rights as basic civil rights in their Constitution based on the Article 102 of the ILO Charter adopted in 1952. Meanwhile, the developing countries carried out the Social Development Policy as part of their industrialization plan and national modernization plan.

As stated above, the social welfare policy could be classified in the advanced capitalist state type, the socialist state type and the developing nation's formula.

Firstly, the advanced capitalist state formula is the typical social welfare system which is designed to help patients, aged persons, the unemployed and other unfortunate people through the redistribution of income. The system is based on private property ownerships, the free market and monetary system, taxation and insurance programs.

Secondly, the socialist state formula aims at providing essential daily necessities, education and medical care for the people based on the centralized economic system under which all production elements, including

land, are nationalized.

Thirdly, the developing countries are striving to achieve the national building and modernization simultaneously which could be called neo-nationalism and welfarism. Under the economic development plan, they are striving to speed up their economic development and social development which is more inclusive than the Western social security programs. Typical of such community development is Korea's Saemaul Movement, which covers all sectors of the social development and endeavours.

3. Direction of Korea's Welfare Society

Korea has become one of the more advanced developing countries under the consecutive Five-Year Economic Development Plans.. The current Fourth Five-Year Economic Development Plan calls for the "Expansion of the Social Development" and "the Development of Spiritual Culture" as part of the major objectives of the plan.

What and how can we achieve the goal?

Remembering the trials and errors in the Western nations, we should construct a true welfare society by mobilizing all available resources without waste based on our spiritual and cultural heritages.

Three major defects in the advanced Western countries could be found as follows:

Firstly, because of a high tax burden and high income, the people lose creativity and the willingness to work, with increasing social problems such as the welfare spongers, illegal emigrant laborers and people's escape to other countries.

Secondly, the increasing fiscal outlay for the high welfare program has slowed down the national economic growth and drained the nation's offers, with a vicious cycle of fiscal problems aggravated by an economic slump.

Thirdly, despite an abundance in material wealth, people are spiritually unsatisfied and alienated. The spiritual alienation can be blamed on the high industrialization, urbanization and atomization of families rather than the social welfare program. Happiness can not be bought by material well-being alone.

Is there happiness when the parents are alienated from their children, juveniles are licentious, divorces are widespread, and aged persons are isolated?

In contrast with the defects in the Western countries, the traditional merits of our country will be as follows.

Firstly, the traditional family system is based on the filial and paternal ethics and moralities and serves as a self-reliant security unit of the primary social group.

Secondly, there is traditional mutual help and cooperation in which the people share joy, sorrow and hardships among themselves.

Thirdly, the people have a strong will to overcome challenges and hardships with hard-work and perseverance.

Fourthly, the people are altruistic and patriotic to serve their country

Based on the traditional merits, we will build a welfare society in which humanity and righteousness will be upheld, the material and spiritual well-being will be balanced, and the government as well as the private

sector, will endeavour to promote social welfare.

4. Desirable Civil Movement in View of Social Welfare Policy

Our society has been pluralistic with special relationships in birth-place, family connection and school-fellowships, in contrast with the simple vertical Japanese society of subordination under the "boss."

Therefore, the civil movement in such pluralistic society should not be confined to one area or administrative district.

The civil movement should be more inclusive and the activities should be oriented to the preventive and forward-looking development rather than ex-post facto activities and measures. The forward-looking development will call for positive government support for such endeavour.

Of the civil movement programs, I would like to present some models for the social welfare sector.

Firstly, the number and function of the Community Centers should further be developed.

There are twenty-three community centers operated by social and religious organizations, and school foundations, fifteen Red Cross community centers, sixty-three Women's Halls, and 34,123 Saemaul Halls throughout the country.

Most of the community centers are far from performing their functions because of lack of people's participation, community experts and public support. In particular, most of the Saemaul halls are engaged in only marketing activities.

The community centers should be constructed in every dong in cities, and the functions of the existing Saemaul halls should be strengthened.

The community centers should serve as a conference room, library, or reading room, with auxiliary facilities for recreation, wedding hall, barber and beauty salon and public bath room.

They also are expected to serve as consultant and welfare offices for the relief of the needy people in the community.

Secondly, the playground for children and kindergarten in the community should be developed.

Playgrounds for children should be earmarked in a lot which is free from traffic in cities and in rural communities. The child-care program should also be developed by enlisting the help of the aged persons and housewives for the care and training of the children, which will be financed by the contributions provided by the families according to their means.

Thirdly, an aged persons' home should be developed.

As medical science develops and the living standard improves, the proportion of aged persons has steadily increased, and the problems of this group of people have become serious because of rapid industrialization, urbanization and atomization of the family system.

The problems of aged persons including the "idleness and alienation" of the aged people can not be solved only by the social security program.

Although the problem of aged persons has not yet become a concern in our rural communities, it will become serious in the communities in the future.

It is desirable to develop an aged-persons home in each community where the older people can enjoy life by using what was once idle time for produc-

tive activity, rather than having an asylum where aged people live separated from their children.

Such aged persons homes will be financially supported by children's associations, and the children should visit them regularly to entertain and console their aged parents.

Fourthly, a close interrelationship between schools and rural communities should be further strengthened.

The schools have the largest educated manpower and facilities in the rural communities.

The teachers are expected to take part in the reeducation program of the local people, while aged persons will be invited to tell their rich life experiences for the students in the free class hour.

In addition, the playgrounds of the schools should be opened to children and the community for sports and entertainment programs on holidays.

Fifthly, the self-reliant villages should be encouraged to organize their medical insurance associations.

It is impossible to provide complete medical insurance to all farmers and self-employed persons.

The successful Saemaul Movement will be able to organize and efficiently manage their medical insurance associations with close cooperation among the members in the community, thus increasing the economic and welfare interests of the community.

Sixthly, the Saemaul Mutual Welfare Program should be strengthened to develop a more warmhearted society.

The Ministry of Health and Social Affairs launched the Saemaul Mutual Welfare Program, which began July 1, 1979.

The program is designed to mobilize and organize all available material contributions. Physical and spiritual services for timely and appropriate assistance for the people in aged persons homes, orphanages and other persons in distress will also be included.

The offices in towns, myons, and dongs will serve as the assistance channel where the contributors and prospective recipients will report or register the detailed assistance and services they can render or are expected to receive.

To promote the program, the government plans to give a tax break to contributors of the welfare fund, and award prizes to model welfare contributors.

Meanwhile, it is important to organize and efficiently manage the Community Councils.

The European Symposium of the ICSW, which was held in Kristiansand, Norway, on Aug. 22, 1979, discussed the subject on the "New Orientation for the Social Welfare Policy in Regional Level," indicating the importance of the community councils.

Thomas Roseingrave, Vice President of the Economic and Social Committee of the European Communities, stated in his report that community development should be aimed at improving the living conditions of the people by promoting the people's initiative and utilizing the regional resources to the maximum.

He pointed out that community development has a "portmanteau" concept, i.e., a regional movement to improve the living conditions of the people in the regional community on one hand, and a broad social or national development on the other. He pointed out that to achieve broad social and national development, it is important to develop the function of the community councils on the local and regional levels.

There are many organizations and councils related to the Saemaul Movement in the country, including the Saemaul Village Meeting, Saemaul Movement Promotion Committees, the various youth organizations, women's organizations, agricultural and fisheries cooperatives, and farm guidance offices.

Such various organizations and councils are expected to be either reorganized and consolidated under the community council or further developed to strengthen cooperation between them under the control of the community council.

It is important to develop the organization and function of the community council as a basic unit of the democratic society as a basis for the local autonomous government to be realized in the future.

Theme 3 : Saemaul Movement and Highly Industrialized Society

By Hwang In Jong

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1. Historical Background of the Saemaul Movement

Since its inception ten years ago under the initiative of President Park Chung Hee, the Saemaul Movement has developed into a nationwide social movement, with the participation of farmers, citizens and factory workers throughout the country.

The Movement, with the guiding spirit of Hard-work, Self-help and Cooperation, is a nation-wide endeavour to achieve integrated rural development in the living environment and living standard, and also in the production activities of the farmers and workers.

A total of 36,257 communities and 270 million people participated in the Saemaul projects during 1978.

The number of community development projects, including the environmental improvement and income-raising projects, amounted to 2,600,000 with a gross investment of 634,200 million Won, including 338,400 million Won provided by the government. The average investment per village amounted to 17,500,000 Won (See Table 1).

Performance of the Saemaul Movement

	<u>Unit</u>	<u>1971</u>	<u>1978</u>
Villages Participated	No.	33,267	36,257
Persons Participated	1,000 persons	7,200	270,928
Projects	1,000	385	2,667
Total Investment	100 million Won	122	6,342
Government Support	1,00 million Won	41	3,384
Average Investment Per Village	1,000 Won	367	17,492

Source: Saemaul Movement, Ministry of Home Affairs, 1978.

The Saemaul Movement has brought about remarkable results, both visible and invisible. The visible results are in the environmental improvement, with broad and straight roads leading up to and within the villages, the construction of bridges, newly built water-supply and sewage systems, electrification and housing developments.

A good appearance reflects the good state of man's mind, and vice versa.

The Saemaul Movement has changed the farmers' mind, attitudes and activities about their community development. Such spiritual renovation of

our farmers in the self-help, cooperation and hard-work attitude is an exceptional phenomenon in the developing countries.

The Saemaul Movement has reoriented the farmers' organizations and activities for the efficient implementation of cooperative projects.

The Movement has revitalized individual farmer's minds and attitudes about actively taking part in the environmental improvement and income-raising projects.

The Movement has brought about a historical change in every aspect of the farmers' life and the rural community.

The Saemaul Movement also produced a large number of community development leaders. The Saemaul education and training of farmers has been carried out nationwide by a total of 220,000 Saemaul leaders, 57,000 social leaders, and 300,000 civil servants.

The Saemaul education and training has accelerated the development of forward-looking programs in the rural communities.

The successful Saemaul movement can be attributed to the following socio-economic changes which have taken place since 1945.

Firstly, the Land Reform change, which was carried out in the 1950's, has given the farmers the idea of the equality of opportunity, thus laying the groundwork for cooperation.

Secondly, by the expansion of school education and social enlightenment prompted by the mass media, farmers have an increased opportunity for participation in community problems.

Thirdly, by the increased movement of the people between regions and

social classes prompted by the Korean War, military service, schooling in cities, and overseas employment, the farmers have increased contacts with efficient modern organizations and scientific technology, and have strong motives for self-help efforts.

Fourthly, the government has given incentives to farmers for hard-work utilizing the research and development programs, technical renovations and development and dissemination of new strains of grain. Incentives were also given for the high price support program for grain and farm products.

Fifthly, the local administrations have efficiently supported the development of the nationwide Saemaul Movement, which has been carried out on a competitive basis among the rural communities.

Sixthly, at the initial stage the Saemaul Movement placed emphasis on environmental improvement, which brought about a demonstrative effect on farmers to stimulate them to be cooperative and practice self-help efforts.

Lastly, the government has actively supported the Saemaul Movement by holding the National Saemaul Leaders' Meeting, by giving reports on the progress of the Movement at the monthly Economic Briefing Session, and by regular inspection of the Saemaul projects in rural communities.

The Chief Executive's great interest in the Saemaul Movement has increased the people's interest and facilitated the distribution of resources between the central government and provincial governments for the Saemaul projects.

Meanwhile, the provincial administrations accumulated a rich knowledge of rural economic development under the Five-Year Economic Development Plan.

during the 1960's, which helped them to formulate and efficiently carry out the Saemaul projects in the rural areas during the 1970's.

II. Development of Industrialized Society

A remarkable change has been brought about in the rural communities and cities by the Saemaul Movement and the consecutive Five-Year Economic Development Plans.

With aged persons and women remaining in the countryside, the rural communities now have a shortage in the labor force which was caused by the industrialization of the country.

The rural environment development program has nearly been completed. The past formula of the Saemaul Movement has been found to have limitations.

In particular, the recent liberalization of the importation of agricultural goods and the government's low price policy for farm products has discouraged farmers.

The rapid urbanization of the countryside calls for the reorientation of the development strategy of the Saemaul Movement.

The national economy has rapidly expanded and developed during the 1970's.

The per-capita GNP grew to US\$1,279 in 1978, and the heavy and chemical industries have become the leading manufacturing entities.

The nation's commodity exports amounted to over US\$10,000 million in 1977, thus making Korea the twenty first largest export country in the world.

About 90% of the total export goods were manufactured products, indicating the nation's advanced manufacturing industry.

Nearly 97% of the total investment needed for the sustained 10% annual economic growth was obtained with domestic savings in 1977.

The unemployment rate decreased from 10% in 1961, to 3% in 1977. Thus, the manpower supply has been depleted particularly in the area of highly skilled workers and technicians.

Based on the economic development achieved in the 1970's, the Korea Development Institute has forecast that the per capita GNP will rise in 1991 to \$3,500 (at 1975 prices) and the exports to \$55,000 million. Even if the current energy shortage slows down the economic growth, the per capita GNP will reach \$2,500 in 1991.

To achieve the economic development, the KDI recommended that, (1) as Korea is lacking in natural resources, the manpower resources should be utilized to the maximum for the intensive development of the heavy and chemical industries (whose production will increase to 65% of the total manufacturing production in 1991); (2) the economic efficiency should be promoted by trade liberalization and free market system; and, (3) social development should be expanded to attain a highly industrialized welfare society.

The rural community will also make a qualitative and structural change in the 1980's.

Firstly, the increased investment in the production base, including land readjustment and improvement of irrigation systems, will speed up the

mechanization of farming.

Secondly, due to the small amount of land, cooperative agricultural production should be developed.

Thirdly, the regional development of industrial estates, which will use the surplus labor force created by the mechanized farming, will increase the income of the rural people.

Fourthly, rural communities will be further urbanized by the increased movement of people, with fewer farmers and an increased non-farm population.

The qualitative and structural change in rural communities will pave the way for the development of a welfare society in the 1980's.

The rural people will be able to enjoy the basic human needs in economic, educational, cultural, medical and other social welfare services in the 1980's.

The primary health care conference, which the WHO meeting held at Alma Ata in 1978, declared it as one of the basic human rights, which should be fully developed in our country.

The basic medical facilities, piped-water supply systems, sewage treatment facilities, and secondary medical facilities and hospitals should be developed in the 1980's.

The social and health educational programs and cultural activities should also be promoted for the enrichment of welfare programs. The health and welfare of the people will become important national concerns.

III. Korea's Welfare Society and the Saemaul Movement

An industrializing society should be reoriented to the development of "quality of life" for the people by the expansion of social welfare, cultural and educational service programs.

The social welfare program should be geared to meet our national realities and cultural heritages, and not imitate the system and formula of the Western countries.

The Western welfare system has discouraged the productive incentives of the individuals, resulting in great social expense and burden.

Therefore, we should "modernize our traditions" of the large family system and other cultural heritages for the social welfare program.

The Saemaul Movement developed by taking root in our traditions and the daily life of our people. It has been an excellent movement for social development because it has mobilized the potentials of the people and available resources.

Therefore, the Movement should be further accelerated towards the development of a welfare society in the 1980's.

1. Goal

The Saemaul Movement should spur the development of the "well-being and prosperity of the rural communities."

The quality of life of the rural people should be improved in the areas of health care, education and nutritive diets.

2. Programs

The Saemaul Movement should have diversified programs as follows:

- a. Modernization of farming by mechanization and cooperative

organizations and activities;

- b. Increased income by the balanced development of agriculture and regional industry;
- c. Strengthened cooperation for the social welfare programs, including education and health care in rural communities;
- d. Increased active participation of women in health care, public sanitation, and child care;
- e. Care of children in rural communities should be strengthened for the sound development of the nation's second generation.

3. Strategy

As the goals and programs of the Saemaul Movement expand, the approaches and strategies should be developed accordingly.

- a. Private leadership should be strengthened rather than government initiative;
- b. Volunteer's participation should be encouraged rather than depending entirely upon administrative mobilization;
- c. An upward community participation rather than a downward administrative leadership should be encouraged.

4. Organization

The guiding spirit of Cooperation, Self-help and Hard-work should be further developed in projects and actions.

- a. Cooperative efforts should be directed to the development of "enterprising" project on top of the "village-unit" projects.
- b. Regional community development should be promoted rather than individual village development.

- c. Women should be encouraged to actively take part in the Saemaul programs, particularly in the health and public sanitation areas. It would be desirable to set up a Rural Housewives' School in rural communities.
 - d. The Saemaul leaders should be encouraged to seek professional knowledge of about agriculture and have a basic knowledge of health and sanitation, along with managerial skills rather than political leadership qualities.
5. Administrative Support
- a. There is the question of whether the Ministry of Home Affairs and the provincial governments should continue managing the Saemaul Movement, or whether the Agricultural Cooperatives should assume the management of a large part of the Saemaul programs.
 - b. The provincial governments, which have been prime movers for the Saemaul Movement, should further develop their administrative abilities in the planning and organizing of rural development programs, along with securing increased financial resources. Such administrative development will be necessary to facilitate the cultural development in rural areas.
 - c. The agricultural cooperatives in towns and myons should develop their functions in order to increase the reliability and confidence of the farmers.
 - d. The training of Saemaul leaders should further be strengthened

to meet the new dimension of rural development, with an emphasis placed on professional knowledge and managerial skill.

- d. The function of the Saemaul working-level officials' council in the central government should also be strengthened.

6. Reorientation of Policy Programs

- a. The local city development plans, which the Ministry of Home Affairs has formulated, should be carried out for balanced cultural development in the provincial areas. The "cultural concentration in Seoul" has hampered the balanced cultural and social development in rural areas in the fields of primary health care and other service sectors.
- b. The rural communities should try to preserve the cultural and traditional heritages in the rapidly industrializing society. This preservation of the heritages will serve as a cushion against rapid urbanization and industrialization. With this in mind, the New Spirit Movement will bolster the Saemaul Movement in the healthful development of the rural communities.

IV. Conclusion

It will be the historical task of the Saemaul Movement in the 1980's to enhance the "quality of life" and "social welfare" of the people.

Our rapidly industrializing society should lay a firm groundwork for

the systematic development of a "Korean-style" social development in the 1980's.

Rural health care, public sanitation and educational programs should be efficiently developed by the cooperative efforts of the rural people.

Based on the remarkable accomplishments achieved in the 1970's, the Saemaul Movement is expected to successfully attain Korea's welfare state in the 1980's.

Theme 4: Saemaul Movement and Increased People's Participation

By Hong Soon Kee
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C O N T E N T S

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- II. Problems
 - 1. Accomplishments and Limits of the Village-unit Saemaul Movement
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 - 4. Management of the Saemaul Community
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I. Preface

In the past nine years the Saemaul Movement has paved the way for national revival and modernization.

The Saemaul Movement has been a social and cultural movement to enlighten the people with the spirit of Hard-work, Self-help and Cooperation. The movement has renovated the agricultural production structure, environment and housings, and has dusted off the long-standing doldrums and stagnations of the farm communities.

Based on the great accomplishments achieved in the 1970's, the Movement should be developed with new dimensions and perspectives.

There will be problems related to the local leadership and people's organizations, the people's aspirations, production system, development projects, formation of cooperative units, and supporting programs.

I will deal with only the rural Saemaul Movement with a view of increasing the people's participation in the Movement.

II. Problems

1. Accomplishments and Limits of the Village-unit Saemaul Movement

The rural Saemaul Movement has been carried out on a village-unit level in the development of village environment, income-raising projects and village welfare programs.

However, the village-unit Movement has its limitations, and prospective development projects are beyond the resources of the individual village.

Therefore, the Movement in the 1980's will require a large unit of villages for the development endeavours.

With this in mind, the accomplishments and limitations of the village-unit Movement should be reviewed with the development of a large unit of villages for forthcoming rural development.

(1) Environmental Improvement Projects

Accomplishments

Environmental improvement was the leading program of the Saemaul Movement at the initial stage, and served as a catalyst for the rural development.

Spurred by government support of basic materials such as cement and steel bars, the farmers themselves selected projects and developed the village environment and surroundings.

The road system was developed for the accessibility of motor cars. The thatched houses were replaced by tiled houses, with remodeled kitchens, toilets, walls, stalls and other facilities.

Some villages constructed community halls, warehouses, workshops, large stalls and public bathhouses for the benefit of the community.

Limitations

The environmental improvement projects have nearly been completed in each village.

Therefore, most villages have no current projects to be constructed with cement and steel bars.

The community halls and warehouses are too small to be useful.

The welfare facilities have few utilities for the villagers.

It has become necessary to develop cooperative projects to be carried out with joint efforts by several villages.

The development of village projects has been largely dependent upon the leadership of the village head and the Saemaul leader because of the small-scale projects and limited number of villagers.

Meanwhile, because the townships and myons have a large number of villages, their leadership has been insufficient to meet the special conditions of individual villages.

(2) Business Income Projects

Accomplishments

The business income projects have been a combination of income-raising programs and welfare promotion programs.

Jointly operated by the villagers, these programs provided labor, capital and technique to increase incomes by production, processing and marketing on a cooperative basis.

The projects ranged from the manufacturing and processing businesses, such as grain mills, red-pepper drying rooms and pickle factories, to farm development businesses, such as inland fish farming, reforestation, caring of pastures, sapling farms and seedling farms. Other projects include the service and transportation businesses such as shops, bath houses, barber shops and beauty salons, warehouses, and cargo trucks.

Such projects should be further developed as part of important cooperative businesses in the rural Saemaul Movement.

Limitations

The successful development of the above projects has proven beyond the means, capital and techniques of the individual villages.

Several villages will be able to economically use grain mills, marketing shops, barber and beauty salons, and warehouses.

The above facilities will be managed more efficiently under unified control rather than the previous cooperative management which promoted a conflict of interests among the villages.

An individual village could not economically manage the above facilities, because management of this kind requires full-time employees.

(3) Saemaul Special Income-raising Projects

Accomplishments

The projects are designed to increase farmers' income by the production of cash crops and dairy products with advanced techniques and managerial skills.

Profitable crops and other products are intensively raised on developed lots to increase productivity. The program also calls for the development of the processing and marketing business of cash crops and other products, thus greatly increasing the farmers' incomes.

Limitations

The above projects and programs could be more economically developed on a regional level than a village level.

The storage, processing and marketing of those products will be more efficiently managed on a regional level, as will be technical development and guidance.

(4) Development of Welfare Facilities

Accomplishments

The welfare facilities developed in villages include the simple water supply system, electrification, installation of telephone equipment, building of children's home, village library, aged persons' home, health care and other facilities. The rural electrification and village libraries have nearly been completed. The development of the simple water supply system will be completed in a few years. The other facilities are demonstration projects to be further developed.

Limitations

Efficient and economic management of the above facilities has been a problem for the individual village.

Several villages rather than one individual village, could more efficiently and economically manage and maintain the children's home.

library, aged persons' home, health facilities, and other welfare projects.

(5) Spritual Enlightenment

Accomplishments

The Saemaul Movement has instilled the farmers with the spirit of Hard-work, Self-help and Cooperation to do their best for better living and the prosperity of their villages and communities. The spiritual enlightenment has revived the hope, will and determination of the farmers to work hard for self-help projects on a cooperative basis. Their earlier fatalistic ideas of fortune and poverty have been replaced by the self-help cooperation for common interests.

It is a far cry from the earlier days when the farmers were unwilling to cooperate in the repair of village roads.

Limitations

Although the cooperative spirit has been greatly enhanced among the farmers, they are still individualistic and exclusive, short of generosity and public morale, which is attributable to their limited living activities in small villages.

Due in part to the fact that their only contacts are with the familiar village head and Saemaul leaders, they have yet to develop the self-regulatory and self-governing manner of respect to the views of fellow villagers in the discussion of common interests at the village meetings.

As reviewed above, the village-unit development program has its limits; therefore, the Saemaul Movement in the 1980's should be developed

on a larger dimension which includes several villages for the efficient and economic development of projects.

2. Rural Saemaul Movement in the 1980's

(1) Autonomous Farmers' Organization

The development of the rural Saemaul Movement has largely been dependent on the leadership and activities of the Saemaul leaders in villages.

However, the leadership and activities of the individual leaders has limitations. Furthermore, the scale of projects has become so large and diversified as to require an appropriate organization to successfully carry out the projects.

Personal appeal for the farmers' cooperation would be effective in carrying out simple projects.

However, large projects call for the voluntary participation and cooperation of farmers under an autonomous organization.

Under the mandate of the farmers, the managers should be responsible for the successful management of the organization and projects, utilizing proper administrative and economic means.

Under such autonomous organization, the farmers will more actively participate in the development projects under the Saemaul Movement.

(2) Expansion of Joint Business Income Projects

It was difficult to develop an economically-size project in individual villages; however, small individual projects were not economical nor profitable.

The joint business income-raising projects have been some of the most important projects for the farmers.

Therefore, the development of such business projects should be accelerated in the 1980's by enlarging the participation of villages and administrative support systems.

(3) Regional Development Projects

In line with the national land development program and the regional sphere development program, the rural community development projects should be carried out by the farmers in the 1980's under the Saemaul Movement.

The rural communities are expected to carry out the so-called "cooperative sphere" development projects, which have been partially completed in rural areas.

These projects call for the development of large projects with the cooperation of several villages for the common benefit of the rural communities.

Such projects call for a proper organization to efficiently carry out the larger joint projects, which require such equipment as earth-moving machines and bulldozers. Therefore, cooperative organizations of several villages should be developed for these types of projects.

(4) Cultural Welfare Program

The cultural welfare program should be promoted to increase the welfare of the rural people during the 1980's.

The program will include mother-child health care, tuberculosis

control, family planning and a public health care program. Also included will be the development of a water supply and sewage system, telephone installation, children's home, aged persons' home, improvement of dietary life, sports and entertainment facilities, movie houses and libraries.

(5) Mutual Assistance Program

The traditional mutual assistance customs should further be developed and strengthened as part of the social welfare program to help neighbors.

Since the industrialized society becomes more egotistical and materialistic, mutual help programs should be developed among the people in villages and rural communities for the common social well-being in the 1980's.

III. Measures for Increased People's Participation

1. Proposals

"The Saemaul Community should be organized according to the primary school district in rural areas".

2. Necessity of Community Formation

The community, an autonomous rural unit, will be smaller than the basic administrative unit of township and myon.

The people in the community will be able to efficiently manage the community facilities and projects under an autonomous organization.

The large economic rural projects will call for volunteer participation of the people, organized with a common interest under a self-

regulatory body.

Such autonomous organizations will carry out both economic and social welfare programs for the common interest of the rural people.

As increasing numbers move out of the rural areas to the cities, it is necessary to reorganize the rural communities for the economic development of those areas.

The autonomous rural community will also be able to develop efficiently the mutual help program for the community welfare.

As stated above, the village-unit organization has limitations in an economic-scale development of projects and programs.

Therefore, the rural community should be reorganized on an economic-scale in line with the primary school district system.

3. Advantage of Community Formation According to the Primary School District

Major merits of the community reorganization with regard to the primary school district system are as follows:

(1) Nearly every farmer's family has school-children who walk to their primary school. Therefore, villages in the primary school district are located conveniently for organizing a common community.

(2) Most of the people in the villages of the school district are alumni of the primary school

(3) Farmers generally help each other with funerals and wedding ceremonies in the villages which are located within the school district.

(4) The athletic meetings and traditional seasonal festivals are conducted by villagers within the school district.

(5) The government-sponsored rural enlightenment programs, lecture meetings, farm guidance programs, Civil Defense Corps training programs, and roving health care programs have been carried out on the school-district level.

(6) The government purchase programs of grain, cocoon and other farm products are carried out on a school-district basis.

(7) There are about three or four primary schools per myon, and each school symbolizes the common interest of the villages within that district. Therefore, villages in the school district will be able to organize a common community program, while at the same time the school serves as a community center.

(8) Students will be able to serve as communication mediums between the center and the villagers.

(9) Each primary school district has an average of 2,500 people representing 500 families, which is a suitable number for the economic use of community facilities such as the grain mill, warehouse, marketing shop, community hall, aged persons' home, village fund, and equipment such as tractors and binders.

(10) The community will be able to set up an autonomous organization to efficiently manage the community facilities and projects, with full-time managers employed. An individual village is unable to organize and manage such a business body.

(11) The community will also be able to formulate an annual business budget for a long-term development program in the community area.

4. Management of Saemaul Community

. The organization and management of the new community should be developed according to the local realities. Following is an example of the organization of a community:

(1) Organization and Composition

Organization and composition should be provided in the regulations of the community.

Management Council

Chairman

Government

Organ.

Village
Functional
Representa-
tives

Management
Committee

Standing
Committee

- Culture
- Social Welfare
- Development
- Agricultural Promotion
- Environmental Improvement
- Facilities Control
- General Affairs

Community People

The community will be called either "bang," or "goeul", in Korean.

The management council will be composed of regional and functional representatives of the villages and local government officials.

The council will deliberate and determine the basic guidelines, plans and other necessary matters related to the development of regional projects and social welfare programs, and maintain relations with the local government and other related organizations.

The chairman of the council should be elected at a general meeting of family heads of the villagers.

The chairman will execute the programs and projects which have been determined by the management council. These programs will be reviewed by the managing committee, the standing committee, and other pertinent departments.

(2) Community Center

The community center should be set up in the school or another nearby location. It will have office rooms, a conference room, branch office of the local government, library, barber shop and beauty salon, aged persons' home, market, and welfare hall.

The local government will dispatch myon officials, agricultural guides and health officials to the branch office in the community center to provide civic services to the people.

The community center is also expected to have, if possible, an agricultural promotion center, common-use pool, equipment, development center-
health control office, and information office.

Franchise Business	Angle Site	Governor
	Inland Fishing	County Head
	Fish Farm	Governor
	Use of Rivers and Public Reservoirs	County Head
	Use of State-owned Forests	Governor, Head of Forest Office
Resources Development	Grazing Grounds	Mayor, Governor
	Eel Farming	Governor
	Land Reclamation	County Head, Governor
	Collection of Sand and Cobbles	"
	Cultivation of Waste Lands	Governor
Monopoly Goods Marketing	Monopoly Goods	Head of the Office of Monopoly
	Simple Medicinal Goods	Ministry of Health and Social Affairs
	Other Goods	"

In addition to the above businesses, the farmers will carry out, on a cooperative basis, rice-seedling transplanting, joint insect control, anti-drought work, production of medicinal herbs, development of orchards, joint use of large motorized farm equipment, and joint purchase and marketing of production materials and consumer goods for the common interests.

The following is a successful example of the business income-raising program in Yongdae village, Tongryang Myon, Chungwon County, Chungchong Pukto.

No. of Families: 156

Population : 954

(3) Development of Business Income Projects

The business income-raising projects are some of the most important business development programs in the rural community. Although considerable input will be required in the initial stages, the production facilities and projects will bring about profits by the concerted efforts of the villages organized under the community.

Most of the projects are to be licensed by the local government; therefore, administrative support will be made available.

Example of Business Income Projects

(Plan of the Ministry of
Home Affairs)

Category	Projects	Authorization
Service Business	Chain Shops	Mayor, County Head
	Sapling Shop	County Head
	Bathhouse	County Head
	Barber Shop & Beauty Salon	County Head
Manufacturing & Processing	Grain Mill	County Head
	Processing of various Farm Products	"
	Red-pepper Powdering	"
	Dried Meat Products	Health Center Director
	Pickled Goods	"
	Saemaul Factory	Mayor, County Head, Minister of Commerce and Industry
	Other Manufacturing	Mayor, County Head

Business Income Facilities

Arable Land : 4,000 pyong (Sapling farm)

Rice Mill : 36 pyong

Warehouse : 3 units

Stalls : 39 units

Marketing Shop : 20 pyong

Annual Common Revenues : 30 million won

Management

The village general meeting decides the annual budget and projects, and five full-time managers implement the budgetary program and report the results of the account to the village general meeting to be held at the year-end.

Projects Financed by the Profits

Scholarships for village students

Payment of taxes and duties for the villagers

Payment of dividends

Savings for business projects

Such facilities in the above Yongdae village as the rice mill, warehouses and marketing shop are commonly used by neighboring villages for the economic management of the facilities. Therefore, such communal facilities are economically used by a community of about 500 families.

(4) Community Credit Fund (Village Fund)

The credit funds have increased the business cooperation between the villagers who contribute money.

The village-unit credit funds have been too small to be effective. However, the community-level credit fund will be more economically managed on a full-time basis for the financing of the communal projects.

(5) Regional Education by the School

The primary schools are expected to place an emphasis on the education of children regarding community development and the services for the regional development.

Teachers of the school are also expected to take part in the educational program of the community people.

(6) Mutual Help Program

The mutual help clubs can be more efficiently developed on a community level rather than the village level.

The wedding hall, funeral facilities and cemetery will be more economically used on a communal basis. A mutual help fund will be organized for a relief program for needy people and others in distress.

(7) Health Care Program

A health center should be organized in the community to provide health care for the community people in cooperation with a roving county medical team, nurse teachers at the school, and nurses dispatched by the Ministry of Health and Social Affairs. There are currently three nurses for the mother-child care, tuberculosis control and family planning programs in the

myon area.

The health center will keep health cards on the community people, first-aid drugs, medicine, and other medical supplies.

(8) Community Long-term Development Plan

The community should be developed by the people under a long-term plan and program. The long-term plan should be geared to develop the specialities of the community on an economically feasible approach.

The plan will call for development as follows:

(1) Development of Public Facilities

As the living standard of the people steadily improves, the public, cultural and health facilities, recreational facilities, and water supply and sewage systems should be further developed.

(2) Income Raising Program

The agricultural, commercial and industrial development in the community should be promoted, as well as the marketing system, for the common benefit of the community people.

(3) Development of Productive Facilities

An irrigation system, land readjustment, transportation, communication, reforestation, flood control, and fish farms should be developed.

(4) Social Welfare and Mutual Help

The community should develop its own social welfare and health care programs for the community people, particularly the aged persons, children, and mentally and physically retarded persons.

The mutual help programs should also be strengthened.

(5) Development of Human Ability

Scholarships should be granted to the members of the Saemaul Youth Club (4-H Club) and the industry-school cooperation. The development of the school should be accelerated.

IV. Conclusion

The Saemaul Movement in the 1970's has developed to the take-off stage under the strong leadership of the Saemaul leaders and active government support.

The Movement in the 1980's should be developed on a new dimension and perspective.

In this regard, reorganization of the community in line with the primary school district, should take place for a more rational and economic development of the local communities.

I sincerely hope that the Saemaul Movement will be further developed by the reorganization of village communities.

Theme 5: Desirable Saemaul Movement and Its Essential Elements

By Choi Jong Min
Saemaul Leader
Kodu 2-ri, Sindong Myon,
Chunsung County, Kangwon-do

1. Our village, nestled at the foot of Mt. Daeryong, which is located about seven km southeast of Chunchon City, has a population of 564, consisting of 87 families, of which this number includes 80 farm families and seven non-farm families.

About ten years ago, nearly 30% of the total population was engaged in "fire-field" farming and the remaining 70% had rain-dependant fields.

Our village had been economically and socially backward. The villagers didn't care about the nationwide Saemaul Movement in the early 1970's, but continued to indulge in liquor and gambling.

Under such circumstances, I was elected the village Saemaul leader in January, 1975, at the village general meeting with the recommendation of the local authorities.

I was determined to instill a desire in the people to work hard on a cooperative basis for the common prosperity of our village.

After overcoming difficulties, I succeeded in persuading the people to do their best for the development of our village.

2. Currently, our village has a total of 99.7 hectares of arable land, including 36.1 hectares of upland and 63.6 hectares of rice paddies. In addition to grain production, market gardens and fruit farms have been

developed on 35 hectares of land, along with livestock production.

The annual average incomes increased from 2,180,000 won per family in 1977 to 3,500,000 won in 1978. It is expected that our village will become one of the richest villages in Korea in the 1980's.

Until 1970, over 30% of the total village population depended on fire-field farming slope of the mountain, which is 500 meters above sea level. They were removed from our village under the government plan to resettle such farmers.

With a limited number of fields, it was a great problem to increase the incomes of the villagers.

It was decided that fruit farming would increase the incomes more than limited grain yields; however, problems remained.

To learn the techniques of fruit farming, we purchased books and studied the farming technique. Many questions arose as we studied the farming techniques. Therefore, we sought the help of the Gardening Cooperatives Association by inviting gardening experts to our village, and with their guidance, practiced fruit farming ourselves. As a result, we succeeded in raising marketable fruits.

3. We carried the fruit by push carts and sold it, at bidding prices to the retail shops in Chunchon City or to merchants who visited our village.

To receive more favorable prices, we consigned the fruit to the wholesale dealers for sale on the Chunchon market. However, their prices were also unfavorable to our farmers because the dealers got rebates on the fruit.

Subsequently, we marketed our fruit to Chunchon and Seoul at favorable prices through a channel of the Gardening Cooperatives Association.

Thus, the fruit farming brought about an increased income of 500,000 won over and above the grain yields per unit of land.

Our village was promoted from a primary village to a self-help village. We also sought other income sources.

4. Knowing that rapid-growing fruit earned favorable prices, my friends and I raised strawberries on a trial basis, and further succeeded in increasing incomes after overcoming many difficulties.

Villagers followed suit, and they earned 500,000 won per family by growing strawberries.

There was an "idle" time between the farming of strawberries and the other fruit, so we searched for a "mid-term" production product. We found that other villages adjacent to Chunchon City were raising melons in vinyl houses.

5. I recall shamefully that we thought the vinyl-house farming was monopolized of rich villages and we were envious of their unique farming by ability.

However, armed with a determination that, "I can do it," I visited the advanced villages to learn the techniques of vinyl-house farming, and set up three vinyl houses in our village on March 3, 1975, under the technical guidance of the local farm expert.

After overcoming technical difficulties, we succeeded in raising the melons in the vinyl houses, thus further increasing our villagers' income.

6. Encouraged by increasing incomes, we constructed 1,100 meters of waterways for irrigation, 500 meters of village roads, and, in 1976, conduits in two locations under a self-help and cooperative effort by the whole village.

Inspired by the movement of Hard-work, Self-help and Cooperation, our villagers developed year-round multilateral farming, including intensive vinyl-house farming, thus increasing productivity and incomes.

The annual average income jumped from 623,000 won per family in 1976, to 3,500,000 won in 1978.

Since 1976, we have been raising beef cattle and the livestock increased to 200 head in 1978, which brought an additional income of 5,600,000 won annually to our village.

We have raised fruit since 1971, and the annual income from the fruit totaled 128 million won in 1978. The fruit trees are planted on a total of 35 hectares of orchards, including 20 hectares for peaches, 8 hectares for grapes, 5 hectares for apples, and 2 hectares for pears.

In addition, the strawberries on 11 hectares of land earned 75 million won and melons on 10 hectares of land earned 65 million won annually.

Thus, our village advanced from a self-help village to a self-reliant village.

7. In December, 1977, our village was selected as one of the model regional communities by the ICA.

Through the offices of the ICA and Chunsong County, I and 10 others received international community development training which was held on Cheju-do from January 15 to February 24, 1978. Our village gave us

500,000 won for travel expenses and allowances.

We enthusiastically learned all aspects of rural development, ranging from economics and social welfare to community and family activities.

Although there was some difficulty in understanding the lectures which were rendered in English by foreign lecturers and then translated into Korean, we learned much about the practices of rural development programs in other countries.

Through the training, we revived our determination to do our best for community development; however, there were more difficulties to overcome.

8. One problem was the women's credit fund and the village credit fund. We tried to consolidate the two funds into one for economic management, but it was difficult to persuade the two groups because they mistrusted and misunderstood each other.

Undaunted by their attitudes towards each other, I reconciled their misunderstanding; and succeeded in unifying the two funds.

Thus, our villagers were united to move forward for further development of our community.

9. Since our village had no community hall, the general meeting elected to construct a multipurpose hall. We broke ground on March 6, 1978.

The community hall was to be constructed in time for an international meeting to be held in our village on April 23, 1979.

The project called for the all-out effort and participation of our villagers. We succeeded in the completion of the community hall just 45 days after the ground-breaking.

The 60-pyong community hall was constructed by the mobilization of 1,200 men and women, 1,180 bags of cement, 2.5 tons of steel, and 5 million won.

As part of the environmental development, we repaired and refurbished 48 houses, 73 auxiliary buildings, and the walls of 69 houses in our village.

From April 23 to April 29, an international community development meeting, with about 100 Korean and foreign guests participating, was held in our village amid the warm welcome and festive mood of our villagers. That meeting was the first of its kind in the history of our village.

In the community hall, we opened a cooperative shop with an investment of 1 million won. The shop provided quality goods at low prices for our villagers, and earned profits amounting to 150,000 won monthly.

The profits were incorporated into the village fund, with dividends payable to the villagers.

The village fund grew from 4 million won in 1976 to 18 million won in 1978 and to 23 million won currently.

The community hall also has a community kitchen, equipped with two refrigerators and four electric fans.

During the busy farm season, the community kitchen provided daily meals for our villagers, thereby saving time and labor for the productive income-raising projects.

The community laundry, equipped with two washing machines, also saved the time and labor of housewives for the productive farm activities.

The community hall also serves as a communication center, with telephone sets and a mail box.

The obsolete former village hall was repaired to serve as a folk museum for the education of the village children.

10. Thanks to the contribution of a 500-pyong piece of land by Mr. Min Byong-won, a villager, we launched a three-year hog production development plan.

In 1978, we bought 60 head young pigs, which increased to 115 in 1979, bringing an income of about 4,500,000 won.

In 1980, the jointly operated pig farm will have 1,000 head and the individual villagers will have 2,000 head of pigs. Thus we will be able to export pork.

The beef cattle raising program has developed with 11 head, which brought about an annual income of 1 million won despite a local price slump in beef.

The beef cattle will increase to 30 head in 1979.

In addition, 10 head of milk cow will soon be raised on a 30-pyong stall which is under construction.

Livestock farming also increased the production of green manure for agricultural production.

The welfare community calls for more than economic development.

Frequent diseases cost the villagers time and labor, and serious patients must go to Chunchon City, which is about 8 km away, for medical treatment.

Therefore, we decided to construct a community welfare center with the profits accrued from the village income-raising projects.

The welfare center, with 67 pyongs of floor space, will have a health office, bathhouse, children's class, and library.

We constructed the welfare center in the winter to take advantage of the off-farm season.

The welfare center has greatly contributed to the health care of our villagers.

The public bathhouse charges 200 won per adult, compared with 300-500 won charged in bathhouses in the cities. The bathhouse also brought about profits which were transferred to the village coffer.

For the purpose of opening a barber shop, the village granted a scholarship to a selected person to learn barbering. The barber shop charges 500 won per adult as compared to 1,000 won in the cities.

Of the 500 won fee, 400 won is earmarked for the barber, and the remaining 100 won for the village fund.

As for health problems, our villagers suffered inconveniences and difficulties because the village is located far from cities, although we were affiliated with the Chunsong County Medical Insurance Association.

It was decided to collect 500 won each from the village families for a medical service program. Some villagers opposed the contribution, saying that they were healthy and there was no need to pay in advance for treatment of diseases. However, they were finally persuaded, and the collected money was used for the purchase of medicine and medical equipment.

The health center charges 200 won per medical treatment, and the fees are used for the procurement of medicines.

Fortunately, Miss Park Ok-ja, a nurse at the Chunchon Provincial Hospital, visits our village twice a week and provides free health

services to the villagers.

Serious patients are transported by the village truck to the hospital in Chunchon for medical treatment under a medical insurance program. At the village health center, preventive inoculations are carried out by the health workers from the Gun Health Center. To secure a village health center worker, the villagers have decided to grant a scholarship to train a nurse-aid for the village health center. However, it was difficult to select a suitable candidate among the housewives.

It was finally decided to send Mrs. Ha Sung-ik, head of the village health organization, to the Nurse-aid Training School in Chunchon. Although she said that she would devote herself to the health care of the village without allowances, the members of the village meeting decided to give her 40,000 won as a monthly allowance for her services.

The village health center provides simple medical treatment and preventive inoculations for poliomyelitis, measles and other infectious diseases. The village health center also provides treatment for intestinal parasites twice a year for all villagers under the parasite control program.

The importance of the village health center was verified when Mr. Kim Dck-su injured his foot with an ax. At once he received first-aid at the village health center and was then immediately referred to the Chunchon hospital for treatment. Upon returning home, he received follow-up care by a nurse dispatched daily by the health center and was completely healed twenty days after the accident.

As a result, the villagers' cooperation for further development of the village health center has been increased.

A health care education program is held annually at the health center, which is sponsored by the roving medical service team dispatched by the Seoul National University Hospital. An increasing number of villagers also joined in the Chunsong Medical Insurance Association.

11. A kindergarten is operated with an enrollment of about 50 children. Snacks, which are financed by the Mother's Club, are provided for the children.

The village library has over 2,000 books, and a membership of 36.

At the nationwide Saemaul librarian meeting held in Seoul Sept. 19-21 under the auspices of the International Anti-Communist Federation, our village library was awarded a citation and prize of 40 books by Yang Chan-su, president of the Federation.

In particular, the members of the library club raised money and held banquets for the aged persons in our village last summer and on the Autumn Moon Festival, the Korean version of Thanksgiving Day.

Meanwhile, the village fund employs full-time staffs and it expects to increase the capital fund to 35 million won by the end of 1979.

12. Recognized as a model rural development, our village was awarded a support fund of 1,500,000 won provided by the Korea Fertilizer Co., and 3 million won in special funds bestowed on us by President Park Chung Hee.

The money was used for the purchase of a truck.

The truck has enabled our village to save transportation costs totaling 960,000 won per month, including 260,000 won in transportation costs of

animal feed, 500,000 won in fruit shipment and 200,000 won in other transportation charges. The monthly savings are expected to be 1,500,000 won.

13. Our village will develop an all-weather farm business by installing a sprinkler system throughout the fields, which will use water made available by the construction of a reservoir in the Mt. Daeryong valley.

The main road leading to our village will be paved with asphalt and all houses in our village will be redeveloped, and cooperative income-raising projects will be further promoted.

When the above development projects are completed under a five-year program, our village will become one of the most prosperous rural communities in Korea.

Community development will be achieved by the cooperation and self-help efforts of our villagers.

We are determined to overcome the challenges and difficulties for the development of our welfare community in the coming years.

Theme 6: Volunteer Health Workers, Leaders, and Family Planning in
Rural Areas

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I. Background of Research

As of October 1, 1977, Korea's population totaled 38,800,000.
The population is estimated to increase to about 56 million by 2000.

Due to the "baby boom" in the wake of the Korean War, the birth rate will be over 20 per 1,000 persons, and the mortality rate will be less than 6 per 1,000 persons. Therefore, the population increase rate will be about 1.6% in the coming years.

To curb the increasing population rate to below 1.6% by 1981, approximately 65% of the total women in the childbearing-age should practice contraception.

According to the survey conducted by the Korean Institute for Family Planning, only 44% of the total number of childbearing women practiced contraception in 1976.

Therefore, it is important to increase the birth control rate from 44% to 65% to curb the population increase rate to below 1.6% in 1981.

Owing to the many difficulties confronting the family planning program, the population increase rate was readjusted from the original goal of 1.3% to 1.6% for 1981.

Demographically, the children born in the "baby boom" in the wake of the Korean War have reached the childbearing age.

In addition, early marriage prevailed until the early part of the 1970's and the trend remains without any tangible change.

Meanwhile, the traditional boy-preference tendency is prevalent among the people, and young couples are still inclined to have more babies. Although most people recognize the necessity of birth control, they are negligent to practice family planning.

The present family planning program has reached its limitation, achieving the goals set for contraceptive measures which were to increase the birth control rate.

If a woman wants to use an IUD, she must obtain a coupon for it from a member of the family planning worker and then consult with a doctor, most of them are male physicians.

The family planning workers have had a problem gaining the confidence of couples in order to help develop the birth control program.

Most of the family planning workers were temporarily employed and serve in unfamiliar communities. Their turnover rate was great because most unmarried workers quit the job after a one-two year service.

This research, which was carried out in the form of an on-the-spot experiment, is designed to develop and utilize the spontaneous volunteer leaders and workers to help strengthen the present family planning program.

Free from administrative control, such volunteer workers and leaders will be self-dependent and under no pressure to achieve an individual target.

They have married, settled in the community, and the persons they have contact with are familiar community people.

II. Research Method and Design

1) Research Area

Of the total thirteen townships and myons in Kanghwa County, Kyonggi Province, six myons were selected. Of the six myons, two myons (Buleun and Hwado), with 34 villages, were designated as Experiment Area A, where Saemaul women health workers were utilized as volunteer family planning leaders.

Of the remaining four myons, two myons (Kilsang and Yangdo) with 26 villages were called Experiment Area B, where Saemaul male leaders were utilized as volunteer family planning leaders.

The remaining two myons (Hajom and Songhae) with 28 villages were designated as control area with the above two experimental areas,

2) Sampling Method

To evaluate the results of this research project, a survey was conducted in advance of this research and a post-survey was carried out after the completion of this project.

The pre-survey was based on the $\frac{1}{2}$ random sampling method in each myon, and the post-survey canvassed the women who were covered in the pre-survey one and half a years later.

Only 87.6% of the total women polled in the pre-survey responded to the post-survey.

The number of women polled in the pre-survey was 187 in Bulon, 270 in Hwado, 337 in Kilsang, 323 in Yangdo, 266 in Hachom, and 138 in Songhae.

The number covered in the post-survey was 164, 225, 302, 293, 235, and 113, respectively, in the above myons.

They were married women in the 15-49 age group.

3) Survey Period

The pre-survey was conducted in December, 1976, and the post-survey was carried out in June, 1978.

4) Selection of Volunteer Leaders

A. Saemaul Health Workers

One female Saemaul health worker was selected from each of the 34 villages in area A. The requirement in a health worker were those of a 30-45 old married woman with less than three children, who was healthy, cooperative in the regional community development and who had confidence in and the respect of the community people.

To select such a woman health worker, each village head, Saemaul leader and Saemaul Women's Club head was asked to recommend two candidates based on the above requirement.

The final selection was made based upon the opinions of the senior family planning worker in health center and myon health workers.

B. Saemaul Male Leaders

The Saemaul leaders serving in the villages were concurrently utilized as volunteer health leaders.

5) Research Design

This research is designed to determine the service effectiveness of the volunteer health leaders and workers for the correction and supplement of the shortcomings in the present government-supported family planning program.

As shown in Table 1, Saemaul women health workers, as well as Saemaul male leaders, were working together with the government family planning workers in areas A and B. Only the government family planning workers were utilized in the comparison area.

During the research period, the government targets for family planning were removed in area A and B, while the original family planning target remained effective in the comparison area.

In the comparison area, a family planning worker was to cover an average of 1,500 couples.

In contrast, in areas A and B, a volunteer worker and leader was required to cover only 94 couples in the village.

In addition to the family planning activities, the Saemaul health workers and Saemaul leaders were required to visit the families, provide first-aid, home deliveries and conduct health education for the villagers in cooperation with the myon health workers.

Such combined activities of the family planning and health care program were designed to help the volunteer workers and leaders strengthen their family planning activities by increasing credibility and contacts with the village people.

Table 1

Research Design

Projects	Area A	Area B	Comparison Area
1) Workers Other than the Government Family Planning Workers	Saemaul Women Health Workers	Saemaul Leaders	None
2) Quota Goals	None	None	Exist
3) Primary Health Care	Provided	Provided	None
4) Method of Approach	Direct Approach	Indirect Approach	Administrative Indirect Approach

The detailed activities of the women health workers and Saemaul leaders are as follows.

- (1) Compilation of a list of target people for family planning
- (2) Distribution of condoms and pills
- (3) Introduction of persons to the doctor who wished to undergo a contraceptive operation
- (4) Education for the people on mother's health, nutrition, and hygiene
- (5) Provide simple primary medical care for the villagers and help them receive medical treatment by the doctor.
- (6) Help with delivery
- (7) Report on the population change in the village.

Note: Asterisks relate only to the Saemaul women health workers.

The women health workers and Saemaul leaders received training necessary for the successful implementation of their tasks.

A three-day training class was conducted for them in advance of the project implementation, followed by a one month long on-the-spot training for them after the project started.

During the project period, they received one day of retraining monthly. Various materials and papers needed for the training and project implementation were provided by the research team.

The government family planning workers serving in the research areas also received the necessary training.

They participated in the training of the Saemaul women health workers and Saemaul leaders, which helped them to understand and inspect the activities of the village volunteer workers and leaders.

The village women health workers and Saemaul leaders were required to report their monthly activities to their immediate administrative myon family planning staff.

The myon family planning staff submitted the village workers' reports to the county family planning official, who in turn sent the reports to the research center for the project.

Once there, the activities of the village volunteer workers and Saemaul leaders were analyzed and evaluated on a monthly basis.

6) Monthly Allowances

A monthly allowance of 5,000 won, 2,500 won and 3,000 won was given to Saemaul women health workers, Saemaul leaders and the family planning workers, respectively. A monthly travel expense of 500 won was also given to them.

III. Results of the Research

1) Analysis of Service Statistics

The results of the service activities of the Saemaul women health workers and Saemaul leaders during the one year period from August 1977 to July 1978 were as follows: (See Table 1)

- (1) The Saemaul women health workers and Saemaul leaders submitted an average of one population status report every three months
- (2) The Saemaul women health workers visited a family of the villager once every two days, while the Saemaul leaders visited once every nine days, indicating that the women workers were more active in the home-visit program than the Saemaul leaders
- (3) The Saemaul women health workers helped the mothers deliver their babies with the delivery kit once every five months in Buleun Myon, and once every ten months in Hwado Myon
- (4) The Saemaul leaders helped village men with vasectomy every two months in Yangdo Myon and every three months in Kilsang Myon. No women health workers arranged for men to receive a vasectomy
- (5) The Saemaul women health workers were more active than the Saemaul leaders in helping the women to receive sterilization operations, conduct the menstruation cycle method of birth control, and in the distribution of the loop and condoms among the women.
- (6) For the recommendation of the birth control program and the post-care program, fourteen Saemaul women health workers made a

total of 2,705 home visits in Buleun Myon, and twenty of these workers made a total of 3,101 home visits in Hwado Myon during the one-year period. In contrast, eleven Saemaul leaders in Yangdo Myon made 294 home visits and 15 Saemaul leaders of Kilsang Myon made 528 home visits during the same period.

- (7) The distribution rate of condoms in both areas A and B showed 1.5 - 1.8 times higher than that of the government goal.

Table 1

Monthly Average Activities Per Worker in
the Four Experiment Areas

Activities	Area A		Area B	
	34 Saemaul Women Health Workers		26 Saemaul Leaders	
	Buleun Myon (14 workers)	Hwado Myon (20 workers)	Kilsang Myon (15 leaders)	Yangdo Myon (11 leaders)
1. Birth and Moving-in Report	0.30	0.34	0.33	0.29
2. Home Visits for Family Planning	16.1	12.9	2.9	3.3
3. Home Visits for Maternal Child Care	1.3			
Pre-natal Care	1.3	1.0	-	-
Post-natal Care	0.9	0.6	-	-
Total	2.2	1.6	-	-
4. First-aid Care	3.6	1.5	2.2	1.2
5. Delivery, with help of kit	0.2	0.1	-	-
6. No. of Family Planners	-	0.02	0.04	0.06
Vasectomy	0.1	0.2	0.1	0.1
Sterilization Operation for Women	0.1	0.03	-	0.01
Menstruation Control method	0.2	0.2	0.07	0.06
Loop	2.0	0.92	0.8	1.5

(Continued)				
Condom	2.4	1.37	1.01	1.75
Total				
7. Distribution of Oral Pills	2.6	1.9	2.3	2.3

- (8) The sterilization operations for women in both areas A and B represented over five times the target set by the government
- (9) The Saemaul women health workers used the first aid kits on a total of 608 occasions in Buleun Myon and 366 occasions in Hwado Myon per year. The Saemaul leaders used the first-aid kits a total of 151 times in Yangdo Myon and 392 times in Kilsang Myon per year. The women health workers used the first aid kits on a monthly average of 2.38 occasions as compared to 1.74 occasions by the Saemaul leaders.
- (10) Although the Saemaul women health workers were instructed to enlighten the women on their health by visiting home, the women health workers made these visits only for pre-natal and post natal care. Such home visits numbered 378 in Buleun Myon and 399 in Hwado Myon during the one-year survey period.
- (11) The Saemaul women health workers helped with childbirth on 35 occasions in Buleun Myon and 22 occasions in Hwado Myon during the year.
- (12) Although the women health workers and Saemaul leaders were instructed to arrange medical treatment at doctor's clinic or health center. after they gave first-aid to patients, their arrangement for such medical treatment numbered only sixteen in the four myons.

2) Results of the Pre- and Post-Survey

(1) Demographic Features of the Polled

The average age of the persons surveyed in areas A and B showed no great difference, but the age structure in the comparison area was somewhat older than that of the experiment areas.

Pertaining to educational background, over 80% of the total women surveyed had 0-6-years of education in the experimental areas, as well as the comparison area. The educational level of the villagers surveyed in area B was somewhat higher than that of area A and the comparison area.

(2) Practice of Family Planning

The implemental rate of family planning averaged 44% nationwide in 1976 (according to the report prepared by the Korean Institute for Family Planning, 1979)

The pre-survey conducted in the same year showed that the implemental rate of family planning in the areas covered by this research was higher than the national average.

The birth control rate was 44.5% in area A, 51.2% in area B, and 47.5% in the comparison area (Table 2).

As Table 2 shows, the birth control rate in area A and the comparison area increased in contrast with area B during the one-and-one-half year period of the pre- and post-survey.

The birth control rate rose by 7.3% in area A, and 5.3% in the comparison area, while that of area B gained only 0.9%.

The Saemaul women health workers were more persuasive than the Saemaul leaders in the promotion of the family planning program.

As Table 3 shows, about 80% of the total women polled said that they

implemented birth control by the recommendation of the women health workers, as compared to 50% of the women who attributed it to the Saemaul leaders.

In the comparison area, 69.1% of the women attributed the results to the family planning workers.

It is interesting to note that the percentage of the women who did not practice birth control in hopes of having more children decreased remarkably in the experimental areas.

Such number of women decreased from 62% in the pre-survey to 43% in the post-survey in area A, representing a 19% decrease. In area B, they decreased from 64% in the pre-survey to 44% in the post-survey, representing a 20% decline. Meanwhile, the number dropped from 73% in the pre-survey to 44% in the post-survey in the comparison area, representating a 29% decline (Table 4).

Table 2

Birth Control Rate by Areas

Practice of Birth Control	Area A (Women Health Workers)		Area B (Saemaul Leaders)	
	Pre-Survey	Post-Survey	Pre-Survey	Post-Survey
Yes	44.5	51.8	51.2	52.1
No	55.6	48.2	48.8	47.9
Total	100.0(457)	100.0(388)	100.0(660)	100.0(593)

(Continued)	
Comparison Area	
Pre-Survey	Post-Survey
47.5	52.8
52.5	47.2
100.0 (404)	100.0 (345)

Table 3

Family Planning Implemented

by Recommendation

Recommended	Area A (Saemaul Women Health Workers)	Area B (Saemaul Leaders)	Comparison Area
Yes	80.0(25)	50.0(18)	69.1(55)
No	49.1(108)	56.7(97)	87.9(33)

Table 4

Reasons for Not Implementing the
Birth Control

	Area A (Saemaul Women Health Workers)		Area B (Saemaul Leaders)		Comparison Area	
	Pre- Survey	Post- Survey	Pre- Survey	Post- Survey	Pre- Survey	Post- Survey
Child Rearing	7.5	10.7	1.7	8.6	3.3	7.8
More Children	61.6	42.9	64.4	44.0	73.0	44.2
Not Necessary	13.2	27.4	19.0	21.6	13.9	22.1
Side Effects	6.9	3.6	2.3	0.9	1.6	7.8
Opposition by Family	1.3	0.0	0.6	1.7	0.8	0.0
Wanted To Have Sons	1.3	4.8	5.7	3.4	1.6	3.9
No Knowledge of Usage	0.6	3.6	3.4	2.6	0.8	3.9
For Health	1.3	2.4	0.6	2.6	0.0	1.3
Others	6.3	4.6	2.3	14.6	5.0	9.0
Total	100 (159)	100 (84)	100 (174)	100 (116)	100 (122)	100 (77)

More women implemented the family planning when they knew that other women or their relatives practiced birth control (Table 5).

These results mean that women carry out family planning when they know that birth control is not against their morals or ethics. Therefore, it is necessary to further enlighten women that birth control is not against their morals and ethics.

Table 6 shows that the volunteer health workers and leaders contributed

greatly to the promotion of the family planning program.

The percentage of women who practiced birth control because of consultation and the recommendations of the Saemaul women health workers was higher than that of the women who came in contact with the family planning workers.

That is, about 87% of the total women who had contact with the Saemaul women health workers implemented birth control, as compared to 57% of the total women who had contact with the family planning workers.

The practiced rate of birth control was higher among the women who had post-visits made by the Saemaul women health workers than that of the women who had post-visits by the government family planning workers (Table 7).

It is also interesting that the practice rate of birth control was higher in the women who made visits to the health center by the recommendations of the Saemaul women health workers, than that of the women who visited the health center or sub-center by the recommendation of the family planning workers.

In other words, 82% of the total women who visited the health center by the arrangements of the Saemaul women health workers implemented birth control, compared with 73% of the total women who received the recommendations of the family planning workers.

Table 5

Birth Control Practice Encouraged by
Family Planning among Friends and Relatives

Friends and Re- latives who Practice Family Planning	Area A (Saemaul Women Health Workers)		Area B (Saemaul Leaders)		Comparison Area	
	Pre-Survey	Post-Survey	Pre-Survey	Post-Survey	Pre-Survey	Post Survey
Yes	50.7 (343)	52.2 (310)	56.1 (522)	55.5 (490)	50.9 (316)	56. (279)
No	18.2 (11)	82.3 (6)	35.3 (17)	0.0 (9)	50.0 (4)	0. (4)
Unknown	26.2 (103)	38.9 (72)	32.2 (122)	39.4 (94)	34.5 (84)	39. (61)
Total	(457)	(388)	(660)	(593)	(404)	(344)

Table 6

Birth Control Practice by Consultation
and Recommendation

Consultation and Recommendations Received	Saemaul Women Health Workers	Family Planning Workers
Yes	86.7(15)	57.1(21)
No	51.7(29)	38.5(13)
Total	(44)	(34)

Table 7

Post-Visits to Birth Control Participants by
Health Workers or Family Planning Workers

Post-visits	Saemaul Women Health Workers	Family Planning Workers
Yes	77.8 (18)	66.7 (33)
No	83.3 (6)	87.5 (16)
Total	(24)	(49)

Table 8

Birth Control Practiced by Visiting Health
Center under Recommendations of Saemaul Women
Health Workers and Family Planning Workers

Visits at Health Center	Recommended by Saemaul Women Health Workers	Recommended by Family Planning Workers
Yes	82.4 (17)	72.7 (44)
No	50.3 (332)	49.8 (301)
Total	(349)	(345)

Theme 7: Present Status of the Village Health Care Program

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1. Summary of the Health Care Program in Gun Area

Each county has a health center, which mainly carries out a preventive health care for the local people. The center, which is responsible for the health care program in its respective county area, is made up of a director (usually a physician), several nurses, and a number of technicians and administrative personnel.

Each myon in the county has three nurse-aides, who are dispatched by the Gun Health Center. They carry out tuberculosis control, maternal and child health service and the family planning program.

Although the nurse-aides are under the control and supervision of the County Health Center, they are working in the myon office under the administrative control of the head of the myon office: therefore, they are often treated as members of the myon office rather than as health project personnel.

When there is a public doctor in the myon, he serves as director of the health sub-center in that myon. However, he serves as a private practitioner and has no responsibility for the activities of the nurse-aides in the myon.

As for medical care, most people in the county area are dependent on the private practitioner in town where the Gun Health Center is located,

for their medical treatment.

One can hardly find a fully qualified physician in a myon, whose population can range from 6,000 to 10,000. A limited area practitioner serve the people on a six-month tour in a myon. There are many myons without any medical practitioner in the country.

Besides the medical practitioner, there is one herbalist, or one herb medicine dealer for every 4,000-6,000 persons in the rural area. The majority of them are simply herb medicine dealers. There is a considerable number of pharmacists and drug dealers, with an average of one drug dealer per 3,000-4,000 persons in the rural area. They sell drugs without the prescription of a medical practitioner.

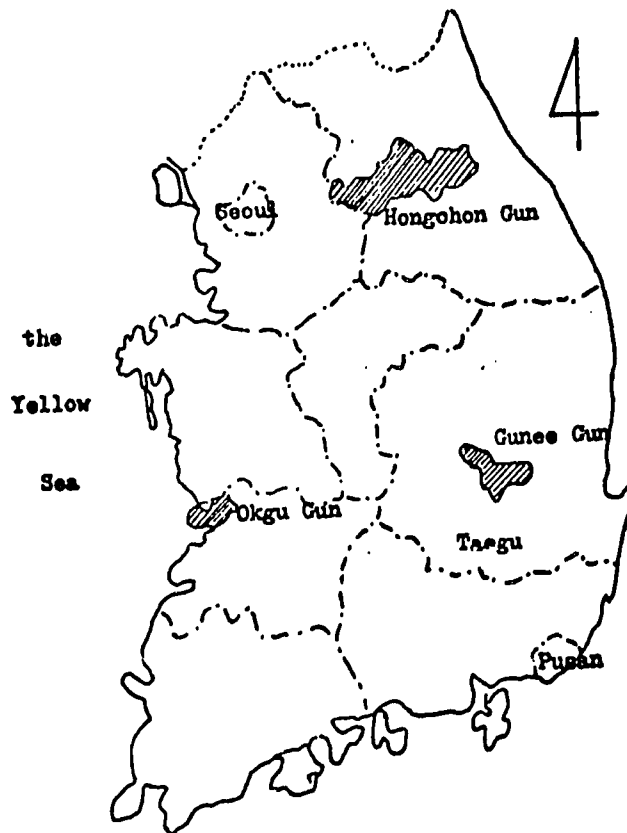
2. Project Areas

The "Village Health Care Project" is designed to develop an efficient health care service for every person in the myon area without entailing excessive financial burden on the part of the government or the individual people.

Based on the data of sixteen counties selected by the provincial governments, three demonstrative project areas were determined in September 1976.

They are Hongchon Gun, Gangwon Province; Gunee Gun, Gyeongsang Buk Province; and Okgu Gun, Cholla Buk Province (see Figure 1).

Figure 1. Location of the demonstration sites



2-1. Hongchon Gun

Hongchon Gun, Gangwon Province, located about 100 Km east of Seoul, has a population totaling 117,000 people on 1,719 sq. Km of area, with an average population density of 69 persons per sq. Km.

The Gun is mountainous and has limited arable land. The Gun has one Eup and nine Myons, and the most remote Myon is located 96 Km away from the Gun Health Center.

The population and number of health and medical personnel in Hongchon Gun is as shown in Table 1.

**Table 1. NUMBER OF HEALTH PERSONNEL (PRIVATE SECTOR)
in Hongchon Gun, Gangwon Province (1977)**

Eup/Myon	Population	Population Density per Km ²	Number of Physicians	Number of Herbalists	Number of Drug Vendors
Hongchon	29,301	330	5	8	11
Buk Bang	9,656	70	-	3	2
Nae Chon	8,530	61	1	1	1
Hwa Chon	11,600	57	1*	1	3
Du Chon	7,760	59	1	1	2
Seo Seok	10,705	51	1*	2	2
Dong	10,160	72	1*	1	4
Seo	8,295	70	1*	-	2
Nam	12,892	108	1*	2	5
Nae	8,491	20	1*	-	2
<u>TOTAL</u>	<u>117,390</u>	<u>69</u>	<u>13(6*)</u>	<u>19</u>	<u>34</u>

* : Limited Area Practitioner

Throughout the Gun, there were only thirteen physicians, including six limited area practitioners. Only one Myon had no physician.

In general, one physician serves 9,000 people. In addition, there were nineteen herbalists (one per 6,200 persons) and thirty four drug vendors (one per 3,500 persons).

2-2. Gunee Gun

Gunee Gun, located 50 Km north of Taegu where the Provincial Government of Gyeongsang Buk Province is situated, has a population totaling 66,000 in a 609 sq. Km area, with an average population density of 109 persons per sq. Km.

The Gun has eight Myons, and the most remote Myon is located thirty three Kilometers from the Gun Health Center.

The population and the number of medical personnel in Gunee Gun is as shown in Table 2.

There were five physicians, including two fully qualified physicians and one limited area practitioner, with an average of one physician per 13,200 people.

In addition, there were eleven herbalists (one per 6,000 persons) and twenty three drug vendors (one per 2,900 people).

**Table 2. NUMBER OF HEALTH PERSONNEL (PRIVATE SECTOR)
in Gunee Gun, Gyeongsang Buk Province (1977)**

Myon	Population	Population Density per Km ²	Number of Physicians	Number of Herbalists	Number of Drug Vendors
Gunee	14,781	200	2	2	4
Sobo	9,438	86	1	2	3
Euihung	7,046	187	1	2	4
Ubo	7,418	83	-	1	2
Goro	5,969	58	-	1	2
Hyoryong	7,917	104	-	-	4
Buke	7,052	99	1*	2	3
Sansung	6,482	144	-	1	1
<u>TOTAL</u>	<u>66,103</u>	<u>109</u>	<u>5(1*)</u>	<u>11</u>	<u>23</u>

2-3. Okgu Gun

Okgu Gun, which is located on the southwestern coastal area 250 Km from Seoul, has a total population of 116,000 on 330 sq. Km of fertile field, with an average population density of 354 persons per sq. Km.

The Gun has fifty-two islands, of which nineteen have a population amounting to 7,286 (with a population density of 365 persons per sq. Km).

Okgu Gun has ten myons, of which the most remote is Ouchong Island, which is located 70 Km of Kunsan city.

The population and the number of medical personnel in Okgu Gun is as shown in Table 3.

There were five physicians, including four limited area practitioners in the Gun, with an average of one physician per 23,300 people. There were no physician on the islands.

In addition, there were nine herbalists (one per 13,000 persons) and twenty-three drug venders (one per 5,100 persons).

Since Okgu Gun is adjacent to Gunsan City and Iri City, a large number of the Gun people are dependent on the medical facilities in these two cities.

Table 3. NUMBER OF HEALTH PERSONNEL (PRIVATE SECTOR)
in Okgu Gun, Cholla Buk Province (1973)

Myon	Population	Population Density per Km ²	Number of Physicians	Number of Herbalists	Number of Drug Vendors
Okgu	23,335	609	1*	2	3
Okseon	5,842	367	-	1	1
Woonhyon	9,599	230	1*	1	2
Imsoo	9,069	405	1*	1	1
Saeseo	9,322	379	-	1	1
Da ya	16,902	433	1	1	7
Kaejong	8,512	499	-	-	2
Songseon	7,316	263	-	-	2
Hapo	6,934	221	-	2	1
Hee	12,567	382	1*	-	1
Islands	7,286	365	-	-	2
<u>TOTAL</u>	<u>116,686</u>	<u>354</u>	<u>5(4*)</u>	<u>9</u>	<u>23</u>

* : Limited Area Practitioner

2-4. Agricultural Production in the Project Areas

Agricultural production is the main industry in the three project Guns. About nine per cent of the total population in Okgu Gun engaged in the fishing industry. The major agricultural products in the three Guns, are as shown in Table 4.

Table 4. MAJOR AGRICULTURAL PRODUCTS
in three project Guns (1976)

Gun	Surface Area (Km ²)	Rice (M/T)*	Silk (M/T)*	Tobacco (M/T)*	Apples (M/T)*
Hongchon	1,719	24,522	529	639	389
Gunee	609	16,833	377	224	6,517
Okgu	330	61,902	20	-	23

*M/T : Metric ton

Since Hongchon and Kune Gun are mountainous, there is more production in sericulture and leaf tobacco in the two counties. Kune Gun is especially noted for apple production.

3. Village Health Project

The objectives of the village health project are set as follows:

Firstly, the primary medical care, including preventive care, medical consultation and treatment, should cover more than two-thirds of the target population.

Secondly, new health workers such as health care staff and village health workers should be trained for health service in the villages.

Thirdly, the health committee, composed of villagers, should be organized on the village level to promote grass-roots participation in the local health program.

To implement the project, the health service contract was concluded in February, 1977, between the president of the Korea Health Development Institute and the governors of the provincial governments which have administrative control over the three project counties.

The project programs were formulated by taking into consideration the geographical features and socio-economic conditions of the three project counties.

Meanwhile, the pertinent provincial governments and counties decreed the regulations for the implementation of the health project programs during March, April and May of 1977.

3-1. Village Health Care Project in Hongchon Gun

The primary health care service was carried out by reorganizing the existing health care system on the myon level, with the unified three-stage health care system. Emphasis was placed on the first-stage health service rendered by the village health workers at the village level.

Second-stage health care for the people remotely located from the myon office was provided by the community health practitioner who received the one-year health care training conducted by the Korea Health Development Institute.

The community doctors provided third-stage medical care for the patients sent by the community health practitioner, and the other patients in the concerned myon.

The health care system is as shown in Table 5.

The village health workers, who provide the first-stage health service, were selected by the villagers and received on-the-spot training conducted by the Korea Health Development Institute.

They provide simple medical treatment and carry out disease preventive measures under the direction and supervision of the health care staffs. They also send patients to the primary health unit for second-stage medical-care.

The community health practitioner provides the second-stage health care services for the people and patients in several villages and supervises the village health workers in the villages concerned.

Patients who require third-stage medical treatment are sent to the doctors in the Health Office.

Each myon had three community health aides, and the Korea Health Development Institute retrained them for multipurpose health services and repositioned them in the Primary Health Unit and Stations.

The community health aids help the doctors and staff in the health services, and carry out the multipurpose health programs in the areas concerned.

Table 5. Level of services in Hongchon Gun

<u>Level</u>	<u>Health worker</u>	<u>Facility</u>	<u>Population served</u>
first	Village Health Agent	Village Health Post	Ri & Villages 500 - 1,000
second	Community Health Practitioner	Primary Health Unit	Sub-Myon 3,000 - 5,000
third	Community Physician	Community Health Center	Myon 10,000 - 15,000

Figure 2. DELIVERY OF PRIMARY HEALTH CARE
Hongchon Gun

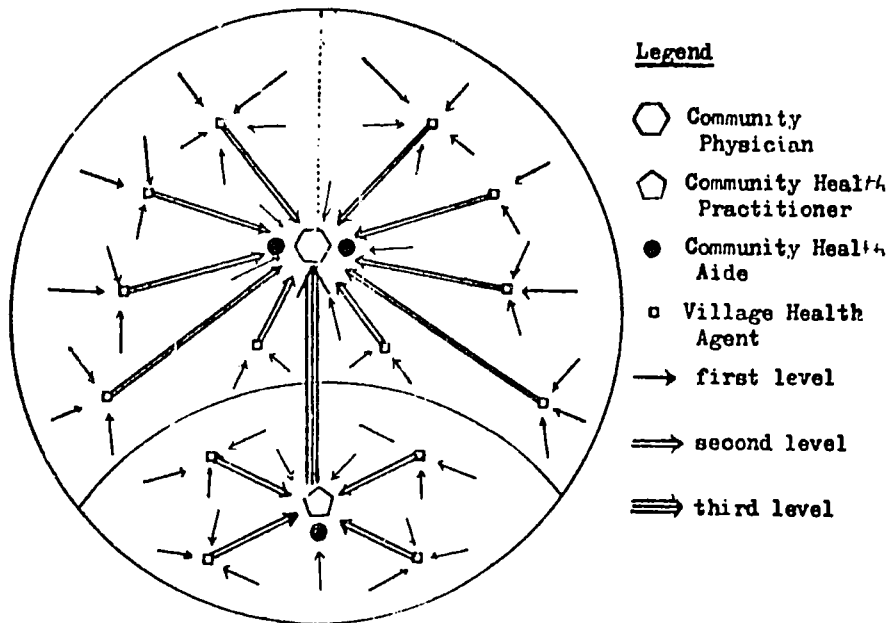
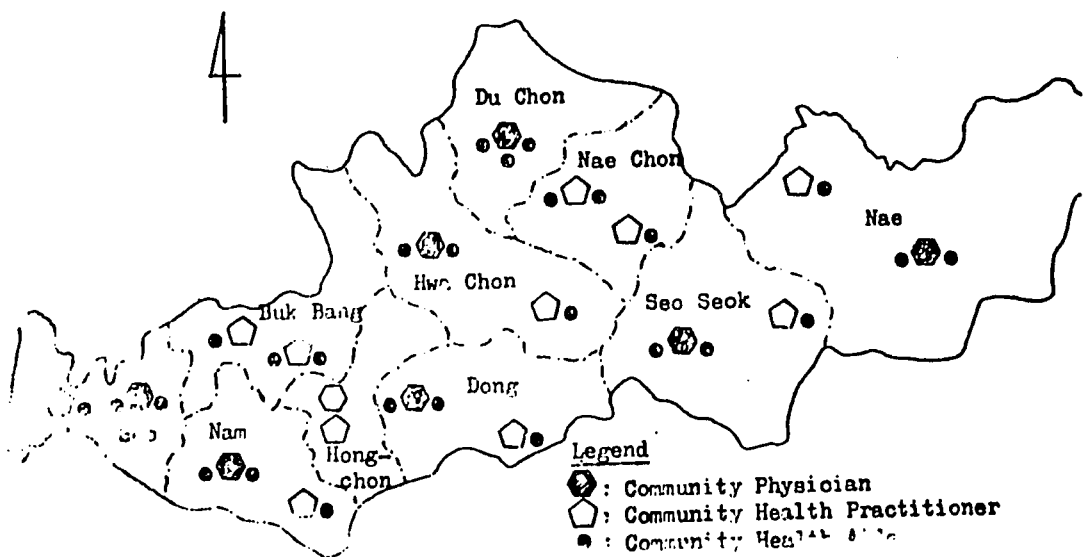


Figure 3. Distribution of Maul-Geon-Gang-Saup Personnel
Hongchon Gun, Gangwon Province



3-2. Village Health Project in Gunee Gun

The village health program in Gunee Gun placed an emphasis on the mother and child health care based on the three-stage medical care system.

Three community physicians served as head of the community health centers, and community health practitioners were positioned in the Myons which had no physician.

Midwife-nurses served as heads of the primary health posts.

The health care delivery system is as shown in Table 6.

Table 6. The level of health services
Gunee Gun, Gyeongsang Buk
Province

<u>Level</u>	<u>Health worker</u>	<u>Facility</u>	<u>Population served</u>
first	Nurse-midwife & one CHA	Primary Health Post	2,000 - 3,000
second	Community Practitioner & two CHAs	Primary Health Unit	6,000 - 8,000
third	Community Physician & two CHAs	Community Health Center	20,000 - 25,000

The Primary Health Post provide the first-stage health care services for 2,000-3,000 people in several villages.

The Community Health Aide provides the first aid and helps with the childbirth of the village women, and the health care aid renders multipurpose preventive health services in the villages concerned.

The second-stage health services are rendered by the community health practitioner and the two Community Health Aides.

The Community Health Practitioner provides primary health care for the village people, and treats the patients sent from the primary health posts.

The patients requiring the third-stage care are sent to the Community Health Center located in a nearby Myon.

The Primary Health Aides provide multipurpose preventive health services for one third of the village people.

The third-stage medical care is provided by the physician in the Health Center, which includes two or three Myons. The community physician is responsible for the service activities of the primary health units and primary health posts in the area concerned.

The Village Health Agents, who received a three-day health training, help the service activities of the community health aides in the villages concerned.

Figure 4. DELIVERY OF PRIMARY HEALTH CARE
Gunee Gun

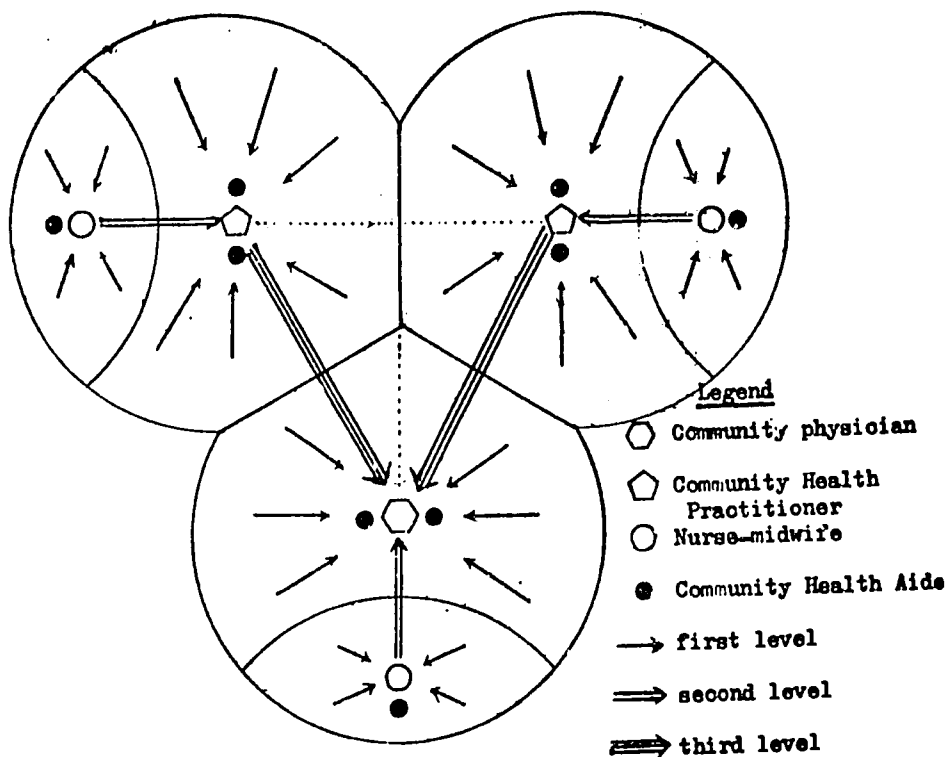
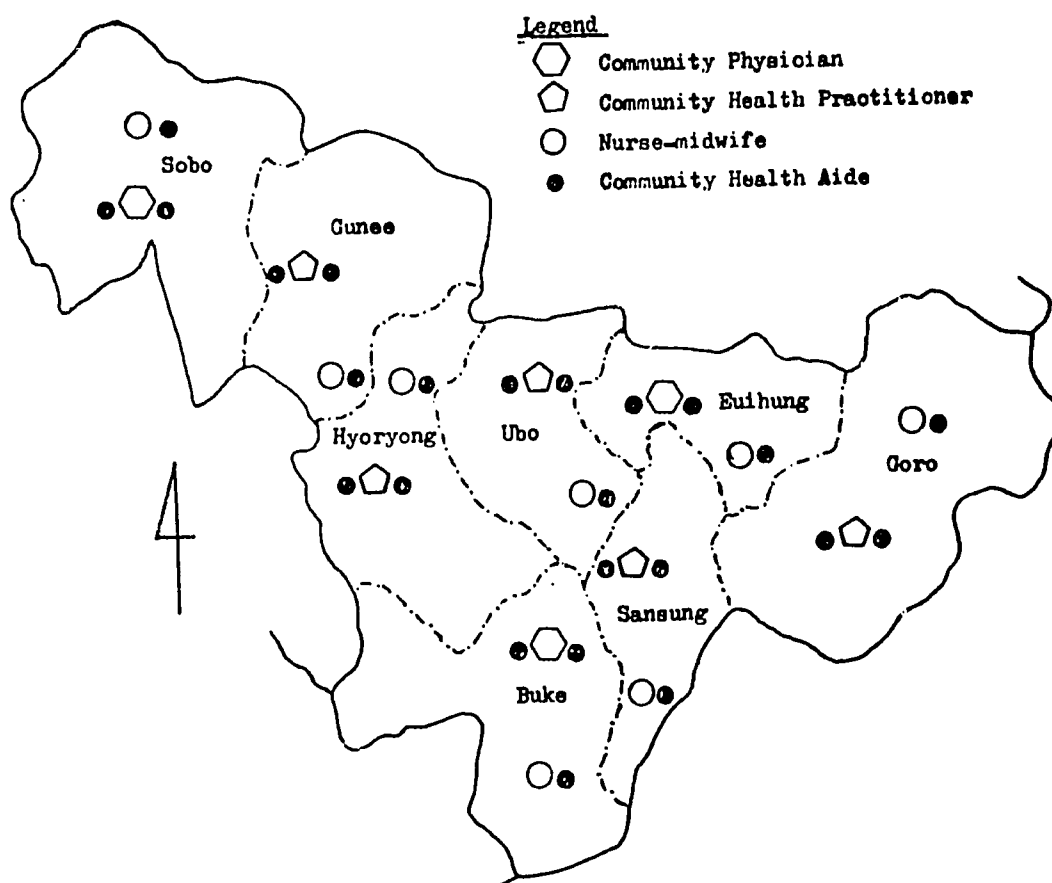


Figure 5. Distribution of Maul-Geon-Gang-Saup Personnel
Gunee Gun, Gyeongsang Buk Province



The Gun Health Center was strengthened by employing a health education staff, a sanitation staff, a statistics man, and a dental aid.

3-5. Facilities and Equipment

Most of the original buildings and facilities of the Health Centers in Guns, and Health Subcenters in Myons, were small and obsolete.

To carry out the village health care program, the small Health Center buildings were expanded and five new Health Center buildings were constructed. In addition, medical equipment and instruments were provided for the Health Centers in Guns.

3-6. Participation by the Local Community

To encourage the participation of the local community in the village health care program, the committees on health programs were organized on the levels of province, Gun and Myon.

The provinces have organized a twelve to fifteen member health consultative committee with health experts and community representatives, which is headed by the governor of the provincial government.

The Guns have organized the health program management committee headed by the Gun chief, which reviews projects and the performance of the health program.

The Myons have a health development committee, chaired by the chief of the Myon and comprised of myon representatives, which helps develop the village health program.

In Hongchon Gun, an association called the Community Cooperative Health System was organized to help finance the primary health care program in the villages.

Theme 8: Distribution of National Resources for the Civil Movement

By Kim Jae Ik
Director of the Planning Bureau,
Economic Planning Board

(The following was transcribed from the lecture.)

Our country has achieved remarkable development in many fields. We have achieved a balanced development in the living standard of the farmers and citizens. Our country is out of approximately ten which achieved such development among some 100 developing nations throughout the world.

This balanced rural and urban development can be ascribed to the Saemaul Movement as well as to the health and medical personnel who devoted themselves to the welfare of the rural people.

While our country was making remarkable achievements during the past two decades, our people's expectations for higher living standards also grew steadily.

Two decades ago, it was a great problem to have a job, the daily necessities of life and housing. We are still planning to develop more housing in the coming years.

However, our people want more qualitative improvements than quantitative development. Therefore, we should strive to improve the quality of life of the people rather than the quantitative economic growth.

Through the improvement of the quality of life, our people will strengthen their participation in the national development. Thus far, the Saemaul Movement has strengthened the people's participation in the national development; therefore, the movement should be further promoted.

We have many problems to face and solve in the 1980's. The foremost development will be to maintain the national security and peace on this peninsula.

The national security can not be strengthened by the military power only.

It is important that the people should love their society and nation by participating in the decision-making processes concerning their community and national development.

Therefore, it is important to promote the Saemaul Movement and improve the living standard of the people.

Better living standards call for improvement in the diet, clothing and housing, and increased safety and health of the people.

The improved health standard in turn call for the better housing, and diet, conservation of nature, and job safety.

In the past, the government had limited resources available for such social development; however, the government should further strive to help develop the social sector.

In the past, the government allocated the available resources on a priority basis which called for the high effectiveness along with high input.

Since the cost-effectiveness in the social development has been difficult to determine, the allocation of available resources has been given priority to the most effective sectors.

Therefore, it is desirable to work out detailed measures to analyze and evaluate the cost-effectiveness in the development of the social sector, but such measures are difficult to determine.

However, we expect that the experts in social development

gathered here will produce such cost-effectiveness analysis measures to help the government policy makers allocate more resources to the social sector.

The distribution of national resources involves a complicated process in the government and the National Assembly.

The National Assembly reflects public opinion. A strong public opinion for social development will ensure that the National Assembly and the government allocates more resources to the social sector.

With regard to statistics, the resource allocation for social development has steadily increased in the past years. However, the resource distribution has not been enough to satisfy the demand of social development.

Investment in the social sector, such as the health program and housing development, will grow from 17% of the total investment during the 1971-1976 period of the third Five-Year Economic Development Plan, to 26% of the total during 1977-1981 of the current fourth Five-Year Economic Development Plan.

In the fiscal budget, the budgetary outlay for the social development increased from 20% of the total fiscal investment five years ago to 25% of the total in 1979. This represents the second largest budgetary expenditure for national defense.

Tax revenues, which comprise some of the available resources for the government, account for only 17% of the total national resources available.

In other words, the government has limited available resources amounting to one-seventh of the total financial resources.

Therefore, private resources and the people's participation are important for national development. The Saemaul Movement is the common people's participation in national development.

It is also important to develop a fair distribution of national income among the people.

The fair distribution of national income calls for the people to increase savings out of the irrespective incomes.

To encourage people to save, economists are urging banks to raise the interest rate on savings deposits to a rate higher than that of inflation.

To increase their savings, the people are also expected to live a frugal life.

With this in mind, the Saemaul fund and credit fund in rural communities have greatly contributed to the savings increase of the people.

The increased financial resources of the people will facilitate the development of the primary health care program in rural communities.

Our economic development has been stimulated by the free market system, and has been made possible by good implementation with a determination to achieve success.

With a good and successful performance, we will be able to further spur national economic growth and social development.

The primary health care program is expected to be successfully developed under the Saemaul Movement by mobilizing the concerted efforts of the people.

It is timely that we have come to develop a primary health care program for the promotion of social welfare under the Saemaul Movement.

We have succeeded in developing the rural communities in a short span of time, which is an unparalleled national feat.

The successful Saemaul Movement is attributable to the good leadership and efforts made by the officials of the Ministry of Home Affairs, the Ministry of Health and Social Affairs, and the provincial governments.

At this seminar, we expect that the experts on the Saemaul Movement and health program will produce fruitful results for the successful development of social welfare and the primary health care program for our people.

We also hope that the productive results of this seminar will help the government policy-makers distribute more financial resources for social development, in the formulation of the national economic development plan and the government fiscal budget in the years ahead.

Thank you.

(The above was transcribed by the chief of the Planning and Research Division, Korea Health Development Institute)

Theme 9: Guidelines of the Saemaul Movement for the Construction of
Welfare Rural Communities

By Park Jae Bok
Chief of the Home Affairs Bureau,
Provincial Government of
Kyongsang Pukto

C O N T E N T S

1. Preface
2. Present Status of Rural Saemaul Movement
 - A. Current Saemaul Movement
 - B. Changed Conditions in Rural Communities
3. Goal of the Saemaul Movement in the 1980's
 - A. Upgraded Implementation Targets
 - B. Development on a Regional Basis
4. Guideline of the Saemaul Movement for the Construction of Rural Welfare Communities
 - A. Saemaul Social Development
 - B. Saemaul Economic Development
 - C. Strengthening of the Working System of the Saemaul Movement
5. Conclusion

1. Preface

The Saemaul Movement has achieved remarkable rural development and national modernization in the past decade.

With the spirit of Hard-work, Self-help and Cooperation, the rural people have made great strides for a better future, justing off a long stagnation and poverty.

The Saemaul Movement has become a model of rural community development in the world.

The successful movement has been made possible by the concerted efforts of the Saemaul leaders, the people and the civil servants.

The movement has changed the living environment and conditions of the rural people, and succeeded in increasing the incomes of the rural people to that of the level of city workers.

However, there were some side effects and backlashes in the implementation of the Saemaul programs.

Based on our valuable experiences, we have embarked on the second-phase of the Saemaul Movement for the 1980's.

Besides promoting economic development, the Saemaul Movement should be reoriented to develop the rural welfare communities of the economic development.

The movement has become a nationwide people's drive for a better future in the cities, factories, offices, shools, markets and families. This should include the rural communities.

This theme will deal only with the accomplishments and present status of the rural Saemaul Movement, and refer to the direction of

the movement for the construction of rural welfare communities in the 1980's.

2. Present Status of Rural Saemaul Movement

A. Current Saemaul Movement

The Saemaul Movement has brought about a noticeable development in the living standards of the rural people, with increased incomes and better living environments.

The improved living standards have also brought about a great change in the minds and attitudes of the rural people.

The development of the Saemaul Movement can be divided into three phases; the creation of the groundwork, the self-help development, and the self-reliant development stage.

The Saemaul Movement has followed the general social development stage, i.e., selection and decision, implementation and development, and full development taking root in the people's lives and communities.

The basic groundwork for the Saemaul Movement was laid during the years 1971-1973.

During that period, based on the results of the experimental projects, the government selected "excellent" villages, and provided them with 335 bags of cement and 0.5 tons of steel bar to help the villagers themselves to perform easy projects for the village development.

Next came the self-help development stage during 1974-1976. Without government support, the rural people themselves carried out their self-help projects with an emphasis placed on income-increasing production rather than environmental development.

The production projects became large in scale, and this required cooperative work between villages.

During this period, the Saemaul Movement spread to cities and became a nationwide people's movement.

Since 1976, the Saemaul Movement has developed into the self-reliant stage. The rural communities are expected to achieve full self-dependent development by 1981, with accelerated development of income-raising projects.

B. Changed Conditions in Rural Communities

1) Change and Development in Rural Communities

The rural development has brought about a great change in the living style and in the attitudes of the rural people.

Because of rapid industrialization, the rural population steadily decreased from 50% of the nation's total population in the early 1970's, to 40% in 1976. The farm population declined by 13% from 13,244,000 in 1975 to 11,528,000 in 1978.

The rural population will further drop from 30.2% in 1981 to 24.7% in 1986, and to 20.5% in 1991.

As a result, a labor shortage has been keenly felt in the rural communities during the farming season.

The farmers have also become increasingly profit-motivated, and have assumed more a rational scientific approach in their living.

Many observers criticize the farmers for becoming individualistic. However, it is a desirable trend because the individualistic approach and profit-motive will accelerate the rural development.

2) Change in Projects of the Saemaul Movement

In the earlier stage, the Saemaul Movement materialized in the development of tangible projects, such as the construction and repair of roads, bridges, sewage systems, and river levees, which were easy projects to carry out by enlisting the cooperation of the villagers.

However, it has become difficult to continue constructing tangible projects in villages because the villages have nearly completed visible projects under the Saemaul Movement during the past ten years.

The future Saemaul Movement will require more than the strong leadership of the Saemaul leaders and the simple spirit of cooperation of the people. It will require reasonable planning, capital investment and new techniques for the implementation of projects.

3) Economic Stagnation Caused by the Oil Crisis

Our national economy has faced many difficult challenges caused by recurrent oil crises since 1973.

To overcome such economic difficulties, the Saemaul Movement should be reoriented to intensively develop the untapped natural resources in rural areas by mobilizing the people's potential.

3. Goal of the Saemaul Movement in the 1980's.

The 1980's should be the "decade of welfare development", coupled with high industrial development.

Therefore, the rural communities should accelerate their economic and social development to achieve cultural welfare communities.

A. Upgraded Implementation Targets

The rural people have improved their community environments, been revived spiritually, and have increased their income under the Saemaul Movement in the past decade.

Based on these achievements, the movement should be quantitatively and qualitatively developed.

The community development should be in line with the long-term regional development program to achieve a balanced industrial and agricultural development.

The long-term regional development should be realized by the balanced economic and social development under the following programs:

Firstly, the "Saemaul social development movement" should be strengthened to further improve the community environment, housing development, public facilities and utilities and the health care program.

The spiritual enlightenment program should be strengthened so that people help one another in the construction of a cultural welfare society.

Secondly, through the "Saemaul economic development," the production of regionally specialized products should be developed and income-raising projects should be expanded by the improvement of the production base and mechanization of farm tools.

B. Development on a Regional Base

The development base should be expanded from the village to the regional unit.

Regional cooperation brings about greater impact on social and economic development in the rural communities.

Therefore, the development cooperation should be extended from the individual villages to the administrative ri and dong and also to the regional scale, thus increasing the cumulative effects of the development efforts.

The ideal regional area for cooperation can not be defined categorically.

The regional scale should be determined depending on the cooperation of the local people, regional features, type of projects, the administrative district, the leadership of local leaders, and other factors.

4. Guidelines of the Saemaul Movement for the Construction of Rural Welfare Communities

A. Saemaul Social Development

Social development should be considered with in the aspect of environmental improvement and spiritual development.

1) Cultural Welfare Environment

It is important to attain social welfare by the development of a cultural welfare environment in the rural communities. The rural communities have developed their basic environment under the Saemaul Movement.

However, the rural housing development and the community restructuring should be made under a long-term program with cooperation between villages, communities, towns and myons.

The rural communities should also develop piped-water supply and sewage systems along with public health facilities; roads leading to the community should be widened eight meters, and the roads in the villages should be paved.

Other public facilities and utilities should be further developed under a long-term plan to provide more conveniences for the people of the community.

When the above welfare environment is developed, our rural communities will have comfortable housing, working places and recreational facilities. They will have convenient road transportation and communication systems, and other cultural facilities.

Free from seasonal flood and drought disasters, the rural people will enjoy the same living standards as the city workers, thus discontinuing the outflow of the rural people to the cities.

2) Image of the Saemaul People

The rural people have regained confidence and ambition for a better future. Such spiritual revival should be encouraged by the Saemaul educational program to enhance the moral standards and ethics among the people.

As the living standard improves, the rural people will demand advanced farm production techniques and cultural enlightenment, which will be provided by a strengthened Saemaul educational program.

The rural people are expected to develop a "Love-Community Movement" by reviving the traditional spiritual value and cultural heritage in the communities.

All the community people are expected to take part in the traditional festivals held in their community.

Through such cultural movement, the people will strengthen the traditional moral values, such as the filial piety, loyalty to the nation, and fraternity among themselves.

The people will have frugal lives, without waste, extravagance and license.

B. Saemaul Economic Development

1) Increase in Agricultural Productivity

Together with an increased production of staple rice, the yield per unit of land for soy beans, potatoes, and barley should be increased by the development of new strains.

Land should be readjusted to facilitate the use of motorized farm equipment, which will be purchased and managed jointly by the communities.

Fruit farming, truck gardening, and dairy production should be developed to raise the incomes of the rural people.

On a long-term program, a considerable fiscal investment should be channeled to increase agricultural productivity by the development of the all-weather-farmland, cultivation of slope lands and the reclamation of waste lands during the 1980's.

2) Modernization of the Marketing Structure of Agricultural Products and the Development of the Saemaul Fund

To prevent the disadvantage incurred by the complex marketing structure involving many middlemen, a direct marketing system of agricultural products to city consumers should be developed.

Farmers are expected to produce red pepper, garlic and other vegetables on a contract basis with large consumer groups such as the apartment complexes in cities.

Processing and storage facilities in rural areas should be developed to bring fair profits to the farmers.

The Saemaul Funds have contributed greatly to the development of credit business and joint purchase and marketing of consumer goods and agricultural products.

The Saemaul Funds should further be developed to finance the production projects and the mutual-help projects in the communities.

3) Development of Non-Farm Income Sources

Non-farm income raising sources should be developed to increase the incomes of the rural people because of the limited agricultural productivity.

Non-farm incomes account for 60% of the total farmer's annual income in Japan, and 40% in Nationlist China, whereas it is about 20% in Korea.

To increase the non-farm income, the processing and manufacturing business of agricultural products should be developed in rural areas. Such processing industries could be developed in the major agricultural production estate.

The industrial plants are expected to be concentrated in rural areas in order to provide jobs for the rural people.

Rural industrialization will need the government's support because the industry requires land, water, power supply and a transportation system.

C. Strengthening of the Working System of the Saemaul Movement

1) Reorganization of the Saemaul Organization

The overlapping organizations and functions of the movement should be consolidated for the efficient management of the community projects and businesses, which are determined at the general meetings of the villagers. Such Saemaul organization is expected to employ full-time workers for efficient business management.

2) Strengthening of Administrative Guidance and Support

The guiding and supporting system of the agricultural cooperatives, the farm guidance offices and the forestry cooperatives for the rural Saemaul projects should be unified for efficient development.

Functional four-to-five- member guidance teams of engineers, farm technicians, management and administrative staffs should be organized on the county level to help develop the rural Saemaul projects.

While visiting the communities, the guidance teams will help the rural Saemaul program develop projects on the cost-effectiveness basis, by providing technical assistance, managerial skill, and information on markets.

The government should strengthen its support for the economic projects on a continual basis with credit financing rather than subsidiaries for the efficient use of the limited financial resources.

3) Training of Saemaul Leaders

The strong leadership of the rural Saemaul leaders have made possible the Saemaul development in the 1970's. Their devotion and sacrificial efforts will continue to be needed in the future.

However, as the Saemaul projects become large and diversified, "cooperative" leadership rather than "individual" leadership will be needed.

Therefore, assistant leaders in functional fields should be trained for the development of the cooperative leadership.

The rural communities are expected to provide proper allowances for their Saemaul leaders.

4) Strengthening of the Saemaul Educational Program

The Saemaul educational programs should strengthen technical farm training to develop manpower resources for the productivity increase.

The present provincial-level farmers' training program should be strengthened to produce expertise on agricultural industry, agricultural management, and rural social development.

The myon-level Saemaul training should give technical training to the rural people for their potential development.

The Saemaul technical service teams should strengthen their technical support to the rural communities.

5. Conclusion

I have reviewed the above accomplishments of the Saemaul Movement and have dealt with the programs that will increase the incomes of the rural people, which will in turn accelerate the development of the rural welfare communities.

The Saemaul Movement in the 1980's should be geared to developing the people's initiatives and autonomy in the rural community development, rather than downward-oriented leadership and short-term results.

Thus the movement will become a great national drive to create a welfare society.

Theme 10: Unified Management of the Saemaul Movement and the Primary
Health Care Program

By Kim Chu Hwan

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Research Division

Korea Health Development Institute

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Conclusion

Preface

Our national goal is the development of a "highly industrialized welfare society." The government has accelerated the "national economic growth by the industrialization through the heavy and chemical industrial development for the construction of a welfare society."

Under the fourth consecutive Five-Year Economic Development Plan since 1962, our national economy has developed to an advanced stage, paving the way for social development.

One of the important elements in social development is social welfare, the nationwide well-being of the people.

However, the following factors should be taken into consideration in the development of the social welfare program.

Firstly, the trials and errors committed in advanced countries should not be repeated in the development of the social welfare programs, including health and medical care.

Secondly, all the people should equally participate in welfare programs.

Thirdly, a balanced development between economic growth and the welfare program is necessary because if social welfare lags behind economic growth, it will create social unrest, while a too rapid and excessive welfare expansion will undermine the economic development.

This thesis will deal with the present and future problems in health and medical care programs, and present proposals to help solve such programs.

1. World's Dilemma

The perennial question in the health and medical profession is how to provide quality health and medical services at a reasonable cost for the people.

The advancement in medical technology has increased the demand for the health and medical care rather than making people healthier (paradox of the health and medical demand),

In addition, the skyrocketing medical fees have kept people from receiving appropriate medical care, resulting as political issues in advanced countries.

Medical science and technical advancement has decreased the mortality rate of children, and increased the survival rate of the mentally and physically retarded children, which created serious new social problems. Successful epidemic control has increased the average life expectancy, resulting in an increased demand for medical care for adults, and welfare facilities for the aged persons.

Technical medical feats such as the heart transplant and kidney replacement has only served to increased potential medical demand.

Meanwhile, vicious diseases such as cancer, which has indeterminable causes and requires exorbitant medical expenses with doubtful results, has an increased incidence rate.

Such disease patterns and rising medical demands have increased the rate of the medical fees over the growth rate of the per capita GNP in most countries, including the advanced nations.

If this trend continues, national medical expenses will increase to one fourth of the GNP, according to a noted health expert.

In Sweden, where the people enjoy full medical care, the medical expenditures rose from 9.5% of the GNP in 1974 to 11.3% in 1978, while in the United States the per capita medical expense increased from \$588 in 1975 to \$920 in 1979. In terms of GNP, the medical expense grew from 5.2% in 1960, to 6.7% in 1969, to 8.5% in 1975, and to 9.1% in 1979 (See Table 1).

Table 1 Medical Expenses (%) VS. GNP by Country and Year

	1960*	1970*	1979*
Canada**	5.3	6.8	11.3
U.S.A.**	5.2	7.1	9.1
England	3.9	4.9	
Sweden	3.5	6.6	
Finland	4.0	5.1	
Holland	3.9('58)	6.5	
France	4.0	5.5	
Austria	4.9	-	
West Germany	4.5('58)	-	

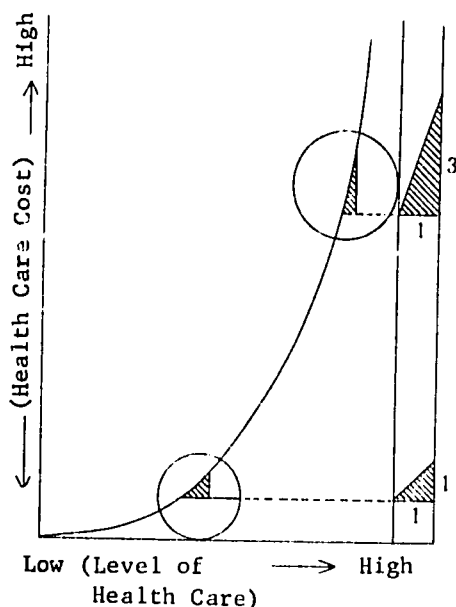
Source: * Robert Maxwell;
Health Care the Growing Dilemma,
Mckinsey Survey Report, June 1975
** Health Costs;
Time, May 28, 1979

The rapid increase in medical expenses has been ascribed to the rising demand for medical services, the advancement of medical science and techniques, and the rising expectations of medical effectiveness on the part of the people.

Another cause is that the medical effectiveness in relation to input has been negligible. In advanced countries, various epidemic diseases have been eliminated and the medical investment has been doubled. However, they have failed to extend the average life expectancy of the people, bringing about increasing doubts and political dispute on the development of medical science and technology.

In view of the fact that such an established social system could not be easily corrected even with alternative and remedial measures in the advanced countries, we should develop an appropriate new medical system for our posterity by avoiding the shortcomings and drawbacks of the existing systems in other countries.

Figure 1



Source: West Germany (Statistisches Bundesamt), 1973 from Health Care
 - The Growing Dilemma, A McKinsey Survey Report, June, 1975

Diminishing Returns from Health Care Expenditure

2. Health and the Socio-Economic Development

The World Health Organization, in its charter defines human health as a complete physical, spiritual and social welfare.

The WHO meeting on the primary health care program held at Alma Ata, the Soviet Union, in September 1978, declared that the protection and promotion of the health of the people is essential to socio-economic development and contributes to the improvement of the people's living standards.

It is regrettable that we have no statistics on the labor-day-lost caused by diseases in Korea. However, Table 2 shows how significant the labor-day-lost in Great Britain.

Table 2

The Cost of Sickness Absenteeism
(Causes of working days lost in England)

Cause	Component Ratio
Diseases	71
Unemployment	27
Strikes	2
(total labor loss days: 484,000,000 days)	

Source: The British Government's
Statistics, 1970

In Britain, where labor strikes are a common practice, the number of the labor-days-lost by absentees due to disease was thirty times that of the labor strikes.

Taking into account the direct medical expenses for the diseases and the indirect cost of the labor-day-lost, the health problem has a great impact on economic development.

3. Health Problems in Korea

In the discussions of the health and medical problems in our country, the maldistribution of the medical personnel and facilities was usually pointed out, without delving into the fundamental causes. Therefore, the problems and causes should be reviewed and analyzed as follows;

A. Maldistribution of Medical Manpower and Facilities

Of the total nation's population, 23.6% are living in Seoul and Busan, and the remaining 76.4% are residing in the provincial areas.

In contrast, 63.1% of the total medical personnel and 48.5% of the total medical facilities are concentrated in Seoul and Busan (See Table 3).

Table 3

Distribution of Population, Medical Manpower and Facilities

	Population	Physician	Hospital & Clinic
Seoul & Busan	23.6%	63.1%	48.5%
Other Provinces	76.4%	36.9%	51.5%

Additionally, most of the hospitals (excluding the clinics) and hospital-beds are concentrated in cities as shown in Table 4.

Therefore, most of the rural people, which account for about half of nation's total population, have little access to hospitals.

Table 4 Distribution of Hospitals and Beds in Cities and Rural Areas

	Urban	Rural Areas	Total
<hr/>			
Number of Facilities *			
General Hospitals	96.3%	3.7%	
Hospitals	77.8%	22.2%	
Special Hospitals	52.6%	47.4%	
Total	79.8%	20.2%	100.0%
<hr/>			
Number of Beds &			
General Hospitals	98.0%	2.0%	
Hospitals	82.6%	17.4%	
Special Hospitals **	78.0%	22.0%	
Total	89.8%	10.2%	100.0%
<hr/>			

Source: Journal of the Korean Hospital Association,
Volume 7, No. 4-5, May 1978

* The National Leprosarium is excluded.

** Sanitariums imply mental hospitals, rehabilitation center,
T.B. sanatoriums and leprosariums.

Such concentration of medical facilities in cities has been a common phenomenon in the countries with the traditional laissez-faire private medical system. Under the free market medical system, it is natural that medical personnel and facilities are concentrated in cities to take advantage of quick investment returns.

Experience shows that increased education of medical doctors and personnel to deconcentrate medical manpower and facilities for the correction of a free medical practicing system has resulted in increased medical expenses, decreased per-capita productivity, for doctors, and a concentration of medical services to the high-income group, rather than the people in general, which defeats the original purpose.

Therefore, a good medical system could not be developed based on the free market system. 1/

B. Relative Shortage of Manpower and Facilities

The health and medical resources are indicated by the indices of the medical manpower and facilities.

As shown in Table 5, the indices of the medical doctors and facilities in Korea are lagging behind that of other countries which have the same economic potentials as Korea. Note 1/ Gerald T. Perkoff; An Effect of Organization of Medical Care Upon Health Manpower Distribution, Medical Care, Vol. 16, No.8, pp. 628, 1978.

Table 5

Health Indicator By Country

Country	Population/Physician	Beds/1,000 Persons
Egypt	1,516 (persons)	2.4 (beds)
Kenya	16,292	1.3
Canada	613	9.4
Mexico	1,385	1.3
U.S.A.	622	6.9
Brazil	2,025	3.8
Chile	1,836	3.4
Peru	1,802	2.0
Japan	868	12.8
Hongkong	1,642	4.0
Korea	2,571	0.6 *
Malaysia	4,774	3.6
Denmark	624	9.7
Sweden	645	15.2
England	787	9.0

Source: Statistical Yearbook, the U.N. 1975

* Limited to the hospital beds.

Although the practicing physician's clinic is equipped with beds for patients, the actual number of hospital beds will be greater than the figures indicate in Table 5.

Despite the shortage of medical manpower and facilities, the occupancy rate of the hospital beds has been low, as shown in Table 6.

Table 6 Bed Occupancy Rate of Hospital by Year

Year	Hospital Beds	Occupancy Rate (%)
1968	15,696	56.7%
1969	16,270	57.2%
1970	16,538	58.4%
1971	17,506	56.6%
1972	16,373	51.3%
1973	18,306	57.6%
1974	19,062	57.8%
1975	19,989	54.5%
1976	22,792	55.6%
1977	25,465	59.1%

Source: Health and Social Statistical Yearbook, the
Ministry of Health and Social Affairs,
1978 edition.

The low utilization of hospital beds could be blamed upon the development of medical facilities with disregard to the financial resources, social customs, and cultural and functional aspects, resulting in a wasted investment.

C. Private-Leading Medical Care Delivery System

In terms of the health and medical care expenditures, the private medical sector in Korea takes the lion's share, while the public sector taxes up only 17.3% of the total (Table 7).

Table 7 **National Health Care Expenses (1976)**

Unit: One Billion Won		
	1976	%
Public Sector	57.3	(17.3)
Private Sector	271.4	(81.9)
Others	2.6	(0.8)
Total Expenses	331.3	100.0
GNP	12,109	
Population (1,000)	35,875	
Health Care Expenses/GNP	2.7%	
Health Care Exp. Per Capita	9.235 Won	

Source: Park J.K., Financing Health Care
Services in Korea, 1977, pp.22

In comparison, the United States' public medical sector takes 42.4% of the total medical expenditures, as shown in Table 8.

Table 8 **American National Health Care Expenditure (1976)**

Unit: One Billion Dollars		
	1976	(%)
Public Sector	6,415.2	42.4
Private Sector	8,356.0	57.6
Others	-	-
Total Expenses	14,510.2	100.0
GNP	1,625.4	
Population (1,000)	215.14	
Health Care Expenses/GNP(%)	8.7	
Health Care Expenses Per Capita	663.06(\$)	

Source: HEALTH, UNITED STATES, U.S.
Department of Health, Education and Welfare, 1978

Therefore, the private medical sector takes more of a leading role in public medical services in Korea than in the United States.

Generally speaking, the public sector is expected to develop the fields in which the private sector cannot afford to invest, or to supplement the private sector.

Since the investment in health care services by the public sector has been limited, the role of the public medical sector has been negligible.

Even in the United States where freedom is upheld, profit-making has not been allowed for the medical services. The federal and state governments develop hospitals with an aim to provide quality medical services and to help curb the rising medical fees.

In this connection, it should be noted that the privately run hospitals in Korea have about 70% of the total hospital beds as compared to only 8.3% of those in the United States (Table 9).

Table 9 Bed Distribution by Sector between Korean and U.S.A.

<u>Korea * (1978)</u>		
Public Sector	7,364 beds	(32.5%)
General Hospitals	5,027	
Hospitals	2,337	
Private Sector	15,272 beds	(67.5%)
General Hospitals	8,950	
Hospitals	6,322	
<u>TOTAL</u>	<u>22,636</u>	<u>(100%)</u>
<u>U.S.A. ** (1976)</u>		
Public Sector	989,769 beds	(91.7%)
Public Hospitals	307,625	
Nonprofit Hospitals	682,144	
Private Sector	89,426	(8.3%)
<u>TOTAL</u>	<u>1,079,195</u>	<u>(100.0%)</u>

* Journal of the Korean Hospital Association
Vol. 7 Nos. 4-5, May 1978 (Sanitariums are excluded)

** HEALTH, US Department of Health, Education and Welfare 1978
(Long-term Hospitalization Facilities are excluded)

D. Lack of Integration of Preventive and Curative Services

Man lives in an incessant cycle of health and sickness and thus ends his life. The condition of health and healthfulness, ill-health condition and sickness, and health and sickness is an indefinable process, and even the most advanced medical science could not clearly define the boundary of the condition processes.

However, modern medical science has separated preventive care from medical care (treatment). Therefore, traditional medical science has devoted itself to the care and treatment of sick persons, departing from the general health problems involving individuals and society.

Meanwhile, experts on preventive care, which has been developed from the necessity of controlling epidemic diseases, generally disregard the medical care of individual diseases.

Since the development of medical science has increased the volume of diversified and specialized knowledge and techniques, the medical specialist system has been developed to cover the specialized fields, thus aggravating the comprehensiveness of the entry point of health care delivery system.

Such excessive specialization has brought about a confusion and perplexity in the health care services bewildering the people, causing them delay in finding the proper medical channel in the health care system, and wasting the time both for patients and medical personnel.

E. Competition Between Medical Facilities

Under any future medical system, physicians should not be dependent upon the patients for economic means. Physicians should not wait for people

to become sick, but they should teach them how to maintain their health and promote it, according to H.E. Sigerist, noted American health scholar.

However, it is a fact that physician are reliant on patients for their economic means under the current system.

Because the patients are regarded as one of the economic means, the competition between the medical facilities is inevitable, bringing about an expansion of unessential facilities and an upswing of medical expenses.

Furthermore, the competition between practicing doctor's clinics, hospitals and general hospitals has become intensive due to their overlapping functions and underdevelopment of the medical delivery system.

Excessive competition, in turn, has hindered the development of the medical delivery system.

F. Unbalanced Proportion of Various Medical Personnel

In addition to the concentration of medical personnel and facilities in cities as stated above, there is also an unbalanced distribution between medical-para medical profession.

A general pattern is that the proportion of the nurses is greater than that of physicians, with the percentage of pharmacists being smaller.

By contrast, the proportion of physician, nurses and pharmacists is almost equivalent in Korea, representing an unbalanced distribution of the medical and medicine related personnel (Table 10).

Table 10population per Various Health Manpower by Country

Country	Year	Physician	Pharmacist	Nurse	Pha. & Nurse to Physician
Korea *	1977	18,913	21,393	30,284	1.1 : 1.6
U.S.A.	1973	338,111	132,899	1,349,000	0.4 : 4.0
Brazil	1972	48,726	7,918	24,315	0.2 : 0.5
Austria	1973	14,747	2,766	23,742	0.2 : 1.6
Denmark	1972	8,000	2,000	30,000	0.3 : 3.8
Sweden	1973	12,610	700	55,580	0.06 : 4.4
England	1971	72,505	17,838	195,952	0.25 : 2.7
Japan	1973	124,684	71,569	316,803	0.6 : 2.5
India	1973	138,000	66,000	88,000	0.5 : 0.6
Hongkong	1973	2,533	209	2,401	0.1 : 0.9
Singapore	1973	1,565	291	5,431	0.2 : 3.5
Thailand	1973	4,662	1,616	9,184	0.3 : 2.0

Source: World Statistical Yearbook, Vol. 27 (1975), the U.N.

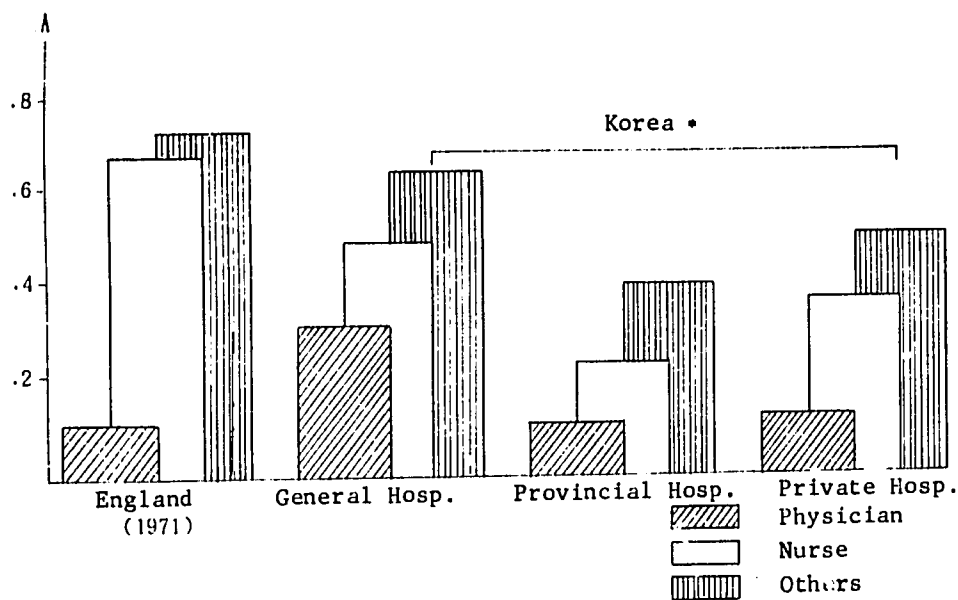
* Health and Social Statistical Yearbook, 1978
the Ministry of Health and Social Affairs

As shown in Figure 2, the hospitals in Korea have more physicians in relation to nurses and other personnel than the hospitals in Britain.

This means that the distribution of medical profession is unbalanced, because either the physicians carry out some of the work of the nurses and other personnel, or the nurses and others are overburdened with work.

Figure 2

Number of Workers Per Bed



Source: Health Care, McKinsey Co., 1975

* KHDI's feasibility study on hospital construction (1978)

G. Lack of Financial Mechanism

As the medical technique becomes complicated and the medical fees rapidly rise, individuals and their families can not afford to meet the increasing medical expenses. Therefore, it has become necessary to develop a financing system to enable people to have access to the medical services by distributing the financial burden.

Our country has implemented the Medical Insurance Program which began in 1977. However, only 23% of the total population has been covered by the program as of January, 1979 (Table 11).

By areas, 44% and 38% of the total citizens in Seoul and Busan were covered by the program, respectively, while only 14-15% of the total rural population was covered under the Medical Insurance Program.

About half of the total beneficiaries of the program are concentrated in Seoul and Busan, whose citizens account for 27% of the nation's total population.

Besides the large concentration of beneficiaries in the two cities, most of the people covered by the program are members of large business concerns, who already enjoy the medical services.

Therefore, equal opportunity for medical care should be developed in view of the fact that most of the rural people, the self-employed people, and the employees of small-sized business establishments are unable to benefit from the Medical Insurance Program.

Table 11 Medical Insurance Enrollees (as of July 1, 1979)

	Population	Enrollees	Rate
Seoul	6,889,470	3,024,331	0.44
Pusan	2,454,051	937,716	0.38
Kyonggi	4,039,885	703,246	0.17
Kangwon	1,862,107	331,887	0.18
Chungbuk	1,522,155	211,947	0.14
Chungnam	2,948,649	473,551	0.16
Jeonbuk	2,456,455	383,437	0.16
Jeonnam	3,984,849	554,952	0.14
Kyongbuk	4,858,809	754,675	0.16
Kyongnam	3,280,091	547,389	0.17
Cheju	412,021	54,869	0.13
TOTAL	34,708,542	7,978,000	0.23

Source: the Ministry of Health and Social Affairs

The financial burden of the rural people for medical expenses could be explained by the fact that only 10% of the total people who needed medical services called on physician, whereas the remaining 70-80% depended on the drug stores and herb doctors or herb dealers (Table 12).

Table 12

Treatment Source Distribution Per 100 Cases by Area
(for 15 days)

Source	Demonstration Area			Total	Control Area C Area
	Hongchon	Gunee	Okgu		
Physician	11.7	13.7	13.7	12.7	10.8
Drug Store	81.2	76.0	72.0	77.0	71.5
Herb Clinic	3.7	5.6	8.7	5.7	7.3
Others	3.4	4.6	6.6	4.6	10.4
Total	100.0	100.0	100.0	100.0	100.0
(N)	(1195)	(458)	(2621)	(2621)	(658)

Source: KHDI's baseline survey report, 1976

* N : Number of the Source for 15 days.

Of the total number of farmers who were dependent on the drug stores, 31-36% said that they relied on them because, "they cannot afford to go to the clinic or hospital because the fees are too much for them". (Table 13)

As Table 13 shows, a great number of the farmers consider the hospital fees too high for them, despite the increased incomes of the rural people.

Taking into consideration the fact that medical expense increase rapidly compared to the growth rate of the national income development of a financing system is urgently needed to help the rural people gain access to the medical facilities.

Table 13

Reasons for Self Medication (reasons not receiving hospital treatment)

Reasons	Demonstration Area	Control Area
Drugs would be helpful	54.9	49.6
Hospital treatment not be helpful	6.1	6.7
Due to high-cost or lack of money	30.9	35.8
Others	8.1	7.9

Source: KHDI's baseline survey report, 1976.

4. Proposal for the Health Care Development:

A. Objectives of the Proposal

The current health care system has many shortcomings before achieving the goal of developing "healthy and robust people." The system lacks integration, causing confusion in the overly specialized medical profession. The system's efficiency has been below expectations.

The unbalanced regional distribution of medical resources has created medically vulnerable areas, and the possibility of alienating the low-income people from other people.

Furthermore, a welfare society built on the current health care system will bring about drawbacks experienced in the advanced countries, like that which the welfare program has brought about on the national economic growth.

Therefore, this proposal is designed to develop a rational and efficient system to provide health services for the whole population on a balanced basis by complementing the shortcomings of the existing system and preventing the foreseeable problems arising from the current system.

B. Gist of the Proposal

In its organization, the village Saemaul Movement should develop the ability of "planning, implementation and evaluation" of the village health projects, and select and train volunteer health workers who will carry out the primary health care services in the community.

Based on the population, a health care facility should be set up to provide preventive and simple medical care for the people in several villages.

The health facilities will be managed by the community made up of several villages, and the organization will be financed by the contributions of the people, fee paid by those receiving service, and the fiscal government and local government subsidiaries.

The community health facility should be manned by a physician, nurses and other qualified health personnel. These profession will control and supervise the volunteer health workers in villages.

All health and medical facilities in the region should be organized into a cooperative system, thus establishing a referral system linking the village volunteer health workers, the lowest-echelon medical facilities and the hospitals.

The central and provincial governments should give priority to the primary health care program in the formulation and implementation of the regional development programs and allocation of resources, thus accelerating the development of the community health program.

C. Approach for the Implementation

Establishment of Organizations and their Function

Pertinent organizations should be established on an administrative level for the successful deployment of the primary health care program. The functions of such organizations, from the central government down to the villages, will be as follows:

- Central Government -

Since the primary health care program calls for the concerted efforts of all the national and regional development sectors, the central

administration should strengthen the cooperation of the other industrial sectors such as the agriculture, livestock farming, the manufacturing industry, education, housing, public projects, and communications on a national level. The central administration will also deal with the following matters:

- (1) Formulation of the primary health care program
- (2) The collection and efficient distribution of information on the primary health care programs, and the promotion of the enlightenment program for nationwide health development.
- (3) Designation of a training institute for the local health workers and staff, and the formulation of a training guideline.
- (4) Formulation of the health support program by the relevant governmental organization and provincial organizations.
- (5) Formulation and implementation of resources allocation.
- (6) Formulation of guidelines for project evaluation.
- (7) Health service research and study on project management problems.
- (8) Legislation and promulgation of necessary measures for the implementation of the health care program.

- Cities and Provincial Governments -

As an intermediary administration, cities and provincial governments will carry out the commissioned programs from the central government, train health personnel, distribute resources, and supervise the

activities of the lower-echelon organizations. They will carry out the following matters:

- (1) Training of various health project personnel, particularly the middle-level health staff.
- (2) Formulation, implementation and evaluation of the health care projects in cities and provincial areas.
- (3) Supervision of the low-echelon organizations.
- (4) Establishment of the primary, secondary and tertial medical care facilities and management of referral system.

- County Administration -

The counties, which are the lowest administrative unit, will carry out the following matters:

- (1) Formulation and implementation of primary health care programs in the county district.
- (2) Selection of demonstrative project areas.
- (3) Designation of higher medical facilities for the lowest-echelon health facilities in the country district.
- (4) Supervision and evaluation of the primary health care services in the villages.
- (5) In-service or on-the-job training for the lowest-echelon health staffs and workers.
- (6) Financial support and supplies.

- Myon Office -

According to the size of the myon district, one or several organizations should be formed to carry out the primary health care projects. The organization should be comprised of several villages located within the district of the primary school in the community. The community organization will handle the following matters.

- (1) Selection of volunteer village health workers.
- (2) Formulation, execution and evaluation of the primary health care projects in the villages.
- (3) Management of the health care facilities in the community.
- (4) Determination of the method, amount and collection of contributions to be provided by the villagers for the community primary health care facilities.

5. Expected Effects

Since the proposed community health care projects should be carried out by the self-help and cooperation of several villages, the projects will greatly increase the interests of the local people in the promotion of the health program and the regional community development. The project will also bring about the following developments:

- Increase the accessibility to modern health care for the rural people
- Prevention of waste in medical expense by the strengthening of health services and systematization of the medical facilities

- Increase the financial accessibility for rural people because the health care is provided at low cost.
- Decrease the financial burden on the part of individuals and families because the health care facilities are managed under the self-help and cooperative program (dispersion of financial burden).
- Prevention of wasted time by receiving health care at nearby health facilities
- Decreased expenses by receiving comprehensive health services at the nearby health facilities
- Increase in productivity and income of the rural people
- The expense and investments otherwise needed for the secondary and tertiary medical services could be used for the further socio-economic development of communities and nation
- Balanced development of the nation's health manpower and resources
- Strengthening of national integrity by distributing the fruits of national economic development to the rural people in remote areas

6. Feasibility of Implementation

A. Feasibility based on the Social Justice that health is one of basic human rights.

Health is not only of personal concern but it is also the government's responsibility. Rapid industrialization has created problems which

are beyond the ability of individuals to settle and solve.

The training of highly professional personnel, maintenance of expensive medical facilities and excessive services to a limited number of people have wasted the economic resources and potentials.

Furthermore, the unbalanced regional distribution of medical resources and the general shortage of these resources are problems to be solved in this country. We cannot wait for the time when our national grows rich enough to solve these problems.

We should develop a national health care system to provide health services to the rural people at low cost by utilizing manpower and material resources without impeding the national economic development.

Therefore, the intermediary health and medical personnel should be used for the development of such a system.

B. Feasibility of an Economic Implementation

A good plan should have a realistic financial feasibility for successful implementation.

The financial feasibility should take into consideration the following factors:

- How much operational fund will be needed annually for the maintenance of the lowest-echelon health care facilities (manned by the intermediary health personnel who provide a comprehensive health service)?

- What is a suitable number of the population and areas to be covered by such a community health organization?
- What is the appropriate number of such rural health care facilities which will be covered and supported by the higher medical facilities?
- How much money should the people contribute for the maintenance of the community health facilities? What about their financial ability?
- How much expense will the project save in the primary health care service and in the secondary and tertiary services?
- How much funding will be needed for the training programs of the village health workers?
- How much funding will be saved by the proposed projects compared with the total investment required for the expansion of the existing medical care delivery system? The above problems are reviewed as follows:

1) Annual Operational Expense of the Lowest-Echelon Health Care Organization

According to the demonstration projects carried out by the Korea Health Development Institute, a lowest-echelon health care organization needed about 5-6 million Won annually (at 1979 price), including the prevailing monthly allowances given to the health personnel employed. The details of the operational expenses are as shown in Table 14.

Of the total annual expenses, about 1,800,000 won was covered by revenues from the medical fees; therefore, about 3,200,000-4,200,000 won should be secured from outside sources. (The preventive health services have been provided free of charge.)

If the central or provincial government provides half of the remaining funding needed, the villagers should contribute 1,600,000-2,100,000 won for the operation of the health care facilities in their community.

Of the total annual expenses, about 1,800,000 Won was covered by revenues from the medical fees; therefore, about 3,200,000 - 4,200,000 Won should be secured from outside sources. Under the condition of the preventive health services have been provided free of charge.

If the central or provincial government provides half of the remaining funding needed, the villagers should contribute 1,600,000 - 2,100,000 Won for the operation of the health care facilities in their community.

Table 14

Annual Operational Expenses of PHU in Okgu County
(at 1979 constant prices)

Classification	Budget
Total	5,140,210
Mescellaneous Salaries (including term-end allowance)	2,496,000
Public Employee Allowance	301,700
Traveling Expenses	96,000
Consumption Allowance	85,400
Book Purchase	20,000
Public Fees	20,000
Public Utilities Charges	290,400
Heating Expenses	182,600
Equipment Maintenance Costs	100,000
Medical Supplies	1,080,000
Contingency	468,110

PHU = Primary Health Unit

2) Population and Areas to be covered

A rural primary health care organization should have a limited coverage of population and area due to its limited capability.

While there may be differences according to the road transportation system and geographical features, the experiences in the demonstration projects show that the primary health unit should be able to cover an area within a radius of about 3 km. (A study is being conducted to determine the size of service area of such health facilities, taking into account the socio-economic and regional features.)

Based on recent experiences, about 2,500-3,000 people are the appropriate number of people to be covered by the lowest rural health organization for full primary health care services.

3) Number of Higher Organization to Support the Lowest Health Care Facilities

The problem will call for a systematic approach to determine the organizational demand from the lowest rung to the higher medical establishments. However, as the problem here concerns only strengthening the function of the lowest organizations, the function of the next-higher health office, headed by a physician, should be reviewed.

According to the experiences in the demonstration projects carried out by the KMDI, when nurses are allowed to provide medical treatment, the patients being transferred to the physician's clinic were 5% of the total patients visiting the Primary Health Unit. In real terms, the referral rate accounts for 10% of the total patients visiting the primary health unit.

Assuming that a physician uses the same man-hours for medical treatment

and supervision of his subordinate health facilities, the physicians clinic could cover about ten Primary Health Units in the rural community.

In the event that there are three lower health facilities in a myon, each physician will be expected to cover three myons in average.

4) Financial Ability of the Rural People

In case the Primary Health Unit, which covers 2,500 people, each need six million Won annually for maintaining PHU, every person in the community would be required to contribute 2,400 Won yearly (or 200 Won monthly).

This contribution is far less than the average medical expense of rural people, as shown in Table 16.

In this regard, the rural people are expected to contribute their share for the support of their health facilities with relative ease.

However, it is desirable to encourage the rural people to finance their health organization by a partial subsidiary from the government for the rural health projects.

If medical fees are charged only to people who receive services at the PHU, the public's contribution to the rural health facilities will be greatly decreased.

Table 15 Per Capital Annual Medical Expenses for Rural People

Demonstration Area	Expenses (Won)
Hongchon	5,939
Gunee	5,956
Okgu	6,505
Control Area	5,756
Rural, Whole Area *	4,767

Source: KHDI's baseline survey report, 1976
Report on rural economic research, the
Ministry of Agriculture and Fisheries, 1977.

5) Investment and Expenses for the Development of Health

Facilities

Investment in the nationwide health care facilities will differ according to the number of facilities to be established, and the equipment and instruments needed in such facilities. The operational expenses of such facilities will also vary if the rural communities, provincial governments and the central administration share the financial burden of the expenses.

Assuming that a total of 2,000 primary health units will be established under a five-year plan throughout the country, the annual investment needed will be as shown in Table 17.

Assumptions

Areas of the facilities: Doctorless myons and remote areas which have no medical facilities within a radius of 2 Km.

Management: An organization, formed jointly by several villages in ri or dong, will manage the health facilities.

Operational Fund: People's contributions and government subsidiaries (which will be varied according to local conditions)

Equipment cost: About 2 million Won in government subsidiaries per health station.

Operational expenses: 6 million Won annually per PHU

Personnel training: 1 million Won each for the training of Community health practitioner 10% in annual turnover rate (excludes the training cost of the volunteer village health workers)

Table 16 Five-Year Plan for the Development of the Lowest Health Care Organizations (Estimate)

	1st Year	2nd Year	3rd Year	4th Year	5th Year	Project & Investment
Number of Facilities	400	800	1,200	1,600	2,000	2,000 PMU
Newly Established	400	400	400	400	400	
Cumulated	-	400	800	1,200	1,600	
Funds Required (unit: billion Won)						
Equipment (Government Fund)	8	8	8	8	8	40
Training (Government Fund)	4	4.4	4.8	5.2	5.6	24
Operational Funds Allocation	24	48	72	96	120	360
Raise Money from Community	12	24	36	48	60	180
Local Government	6	12	18	24	30	90
Central Government	6	12	18	24	30	90
Budget Requirement (unit: billion Won)						
Local Government	6	12	18	24	30	90
Central Government	18	24.4	30.8	37.2	43.6	154

6) Comparison of Investment and Expenses between the Proposed System and the Present System

This proposed system is expected to greatly decrease the medical expenses in secondary and tertiary medical care. The amount of decreased expenses can be determined by further research and study.

The comparison of investment and expenses between the proposed system and the current system is as shown in Table 17.

Under the current system, at least five medical doctors would be needed to provide the primary medical care for 25,000-30,000 people.

By contrast, under the proposed system, a physician and a number of community health practitioners and aids will be able to provide primary health care and other medical services for the same number of people. In addition to such advantages, the proposed system requires only 70% of the total expenses needed in the current system.

Therefore, if the proposed system is implemented on a nationwide basis, savings in the total expenses will be enormous.

Table 17.

Comparison Between the Proposed System
and the Current System (Estimated)

	Proposed System	Existing System
Target Population	25,000- 30,000 persons	25,000- 30,000 persons
Manpower Requirement		
Physician	1	5
CHP *	10	-
Community Health Aide	(11)	-
Budget Requirement	14.0 U	20.0 U
Physician's Clinic	4.0 U **	20.0 U
Primary Health Unit (CHP)	10.0 U	-
Merits & Demerits	0 Strengthening of health activities is possible. 0 Provision of comprehensive services including curative cares is possible	
		0 Limited to curative services care.

Notes: * Community Health Practitioner (Nurse who also performs part of curative cares after receiving training)
U is the basic unit of operational expenses for each CHP clinic.

** Physician's clinic requires four times the operational expenses of CHP clinic.

A further study will be necessary to determine the demand for medical services in the primary, secondary and tertiary health care in the event that volunteer village health workers and intermediary health staffs are used.

In view of the fact that the intermediary health staffs have successfully performed health services for the rural people as shown in the demonstration projects, it is economically feasible that they will be efficiently used in the primary health care program in rural areas.

The proposed system also needs far less investment and expense than the expansion of the current system would involve.

Therefore, this proposed system has sound economic feasibility for the development.

Conclusion

Most countries are striving to remedy the shortcomings and problems involved in skyrocketing medical expenses, unbalanced regional distribution of medical facilities and manpower, excessive specialization of the medical profession, and lack of integration of preventive care and treatment.

It has been verified that the intermediate health and medical personnel have contributed greatly to the equal distribution of medical services and the reduction in medical expenses in some countries, including the United States, New Guinea, Malaysia, Communist China and the Soviet Union.

Therefore, the recent WHO's meeting on the primary health care

recommended its member countries to develop a health care delivery system by using middle-level health personnel.

As our demonstration projects in some areas have proved, the middle-level health workers have greatly facilitated health services for the rural people; therefore, an extensive use of those workers will help prevent the problems inherent in the existing system.

It is also desirable that the rural health projects be developed by the spontaneous participation of the people under the guiding spirit of Diligence, Self-help, and Cooperation.

Meanwhile, the volunteer village health workers and the community-run health facilities should be regarded as part of the national health care system.

Likewise, the central administrative and provincial governments should allocate sufficient resources for the primary health care program.

As a result, our nation could create "health and robust people," thereby accelerating the socio-economic development in the years ahead.

5. RESULTS OF DISCUSSIONS AT SUBCOMMITTEES

First subcommittee

Discussion topics: The Desirable Saemaul Movement in the Future

Chaired by Shin Tae Sop
Chief of Koyang County
Kyonggi Province

Recorded in Korean by Lee Sung Woo,
Chief of the Health Project Division,
KHDI

The First Committee agreed that the future Saemaul Movement should continue its original drive to promote the "Well-being" of the people by increasing further the incomes of the rural people and the development of living conditions and environment in the rural communities.

The subcommittee also agreed that the Saemaul Movement should include primary health care as part of the basic community welfare programs in the 1980's.

The subcommittee recommended that the primary health care program be called the "Saemaul Health Program," which is designed to provide health services for rural people and low-income citizens in urban area.

The Saemaul Health Program will be developed as follows.

- 1) The people should be encouraged to actively take part in their health program with the guiding spirit that "our health is our responsibility." Taking advantage of the Saemaul fund, the people should develop an autonomous system to help each other in the development of the community health program.
- 2) The Saemaul women leaders should be trained and used as village health workers to provide convenient and immediate grass-roots health services in the community. The government

is expected to financially support the development of the primary health care services. It will also be necessary to legislate laws and regulations to provide timely and proper health services for the people.

- 3) The health care program should be carried out in the community located within the primary school district, rather than on an individual village unit. The program should be managed by autonomous community organizations such as the Saemaul Consultative Committee.
- 4) The Saemaul Health Program should be given priority to the people in remote areas and islands, and other medically vulnerable areas. One or two myons in each county should be selected for the demonstration projects to propagate the effects of the health care program to other areas. The demonstration projects are expected to be carried out by obtaining the cooperation of the provincial university hospitals.
- 5) A unified administrative support system should be developed to consistently implement the program.
- 6) Nationwide education and enlightenment should be conducted for the development of the primary health care program.
- 7) The Saemaul leaders should be rewarded for their sacrificial efforts and devotion to the development of the Saemaul Movement. The Saemaul leaders in the 1980's should have abilities in planning, management and technique for the successful implementation of projects in their community.

Second Subcommittee

Discussion Topic: The Government Support for the Saemaul Movement
Chaired by Kim O Young,
Chief of Hongchon County,
Kangwon Province

Recorded in Korean by Joo, Synil
Senior Researcher, KHDI

1. Method of Discussion

Each member of the subcommittee presented their opinion on the subject matter, and the opinions are unified into a consensus of the subcommittee.

2. Contents of Discussions and Consensus

a. Necessity of Health Care Program

The Saemaul Movement shall include the primary health care program for the promotion of community welfare in the 1980's.

b. Designation of the Program

The primary health care program shall be called the Saemaul Health Program to emphasize that the health program is an essential part of the Saemaul Movement.

c. Areas to be Covered and Facilities

The program shall be carried out at community level in the primary school district, and existing facilities (buildings) such as Saemaul Hall shall be used for the program.

d. Health Workers

Existing members of town and myon offices shall be trained for the multipurpose health services.

As verified in the demonstration projects, the nurses shall be trained as qualified midwives for services in rural communities.

e. Organization

The primary health care facilities shall be under the control of the existing Health Centers rather than privately managed. Therefore, the center shall strengthen its administrative and management function.

f. Scale of Projects

The rural primary health care program shall be developed step-by-step by successfully implementing the demonstration projects in two or three myons per county.

g. Financing of Projects.

In principle, the people shall financially support the health projects with their own resources. In the initial stage, the central and provincial governments shall provide financial support for the development of the program.

The operational fund for the health care facilities in the community within the primary school district shall be shared by the people, the local administration and the central government. The local government authorities will determine

the method of contribution by the people. The central government shall finance the basic equipment needed in the health care facilities and the training program for the health workers.

Recommendation

The central administration is expected to organize an inter-ministrial consultative council for the development of the Saemaul Health Program, making public its strong determination to carry out the health program. The government is also expected to take the following measures:

- 1) Establishment of the standard of the Saemaul primary health care services, and of the project programs
- 2) Efficient distribution of information related to the primary health care program and promotion of the program
- 3) Education and training of health care staff and workers
- 4) Formulation of the plan for the distribution of resources for the primary health care program
- 5) Evaluation of the health projects and programs
- 6) Revision and legislation of laws and regulations, and strengthening of the primary health care system for steady development

Third Subcommittee

Discussion Topic: The Implementation Approach of the Saemaul
Movement

Chaired by Prof. Koo Yeon Chul
Medical College of Ewha Womens University

Recorded by Song Kun Yong
Senior Researcher, KHDI

This subcommittee defined the concept of the primary health care, reviewed the existing organizational system of the Saemaul Movement and the health care delivery system, and presented measures for the development of the primary health care program in villages, remote areas and other medically disadvantage areas.

1. Primary Health Care Services

The people's well-being could be promoted by the improvement in people's health through the primary health care approach.

Although the concept of primary health care will be varied according to the countries, the following definition of it made by the recent international meeting held in Alma-Ata should be regarded as the authoritative one, "The primary health care is designed to protect the health of the people residing in villages, the lowest unit of the rural community, providing not only medical services but also preventing diseases, and developing hygienic environment and other activities aimed at promoting the mental, physical and social well-being which are essential for health and the quality of life."

The primary health care program should be developed by the active participation of the people, and should be made accessible to every individual and family. The program should also be sustained financially by the rural community and the government.

2. Priority of the Primary Health Care Program

The primary health care program should be carried out as one of the first priority programs in the Saemaul Movement. Therefore, the administrations such as the provincial government, county, town and myon offices should actively support the primary health care program.

3. Village Level Program

- a. The existing village-level Saemaul Development Committee should develop and strengthen the function of the health program. Each village should have a volunteer health agent, who will be concurrently chief of the village women's club.
- b. The volunteer health agent will have the same function of the "village health mother" who has been performing successfully in the demonstration project areas carried out by the KHDI. The village health mother distributes drugs and delivery kits, collects information on villagers' health, and serves as an intermediary between the villagers and the health staff.
- c. The training of the volunteer village health agents should be conducted under the control of the chief of the county.
- d. In principle, the community should finance the procurement of medicines and drugs and the training of the village health agents. In the initial phase, the government should finance the procurement and training program.

- e. The village Saemaul Development Committee should be encouraged to formulate and implement its primary health care promotion program.

4. Remote Areas

- a. In the remote areas of the myon districts, the community health practitioners (CHP), which have been trained and developed in the demonstration areas by the KHDI, should be positioned.
- b. The training and employment of the CHP should be undertaken by the central administration.
- c. The health practitioners will provide simple medical services, preventive services, help with childbirth, and the referral of patients to the Health Center.
- d. The financing of the facilities, equipment and instruments, medicines, allowances and other expenses for the community health practitioners should be shared by both the government and the community people.

5. County Level Programs

- a. The primary health care programs should be carried out as part of the Saemaul Movement under the control of the chief of the county.
- b. The Health Center should provide technical support for the community health facilities.
- c. The primary health care program should also be given priority in the distribution of resources for the Saemaul development programs.

d. In evaluating the accomplishments of the Saemaul Movement, priority should be given to the successful development of the primary health care program and the leadership of the chief of the county administration should be followed according to the health project development.

6. Province Level Programs

a. The current dual system of administrative control of the Saemaul Movement and the health service program should be maintained.

7. Participation of the Saemaul Leaders

Primary health care should be included in the curriculum of the training program for the Saemaul leaders and other Saemaul training courses to help the Saemaul leaders and other community leaders actively participate in the rural health service program.

Fourth Subcommittee: The Promotion of People's Participation

Chaired by Yang Jae Mo
Dean, Graduate School of Health Science and
Management.
Yonsei University

Recorded by Yoone Kil Byoung
Chief of the Manpower Development
Division, KHDI

1. Mission of the Subcommittee

The task of this subcommittee is to seek measures that encourage the spontaneous participation of the people in the health care program, as well as measures for financing of the primary health care projects.

2. Subject Matters of Discussion

- a. Necessity of the people's participation
- b. Function of the primary health care program and its characteristics and scope of field activities
- c. Measures to motivate the people's active participation
- d. A basic community unit for the primary health care program
- e. Possibility of financial resource mobilization by the people
- f. Recommendations

3. Summary of the Proceedings and Discussion

a. Necessity of the People's Participation

Confirming the importance of the people's participation in the primary health care program, the subcommittee unanimously agreed it is essential that the government should adopt as its policy to develop the primary health care program and establish an efficient health administrative system to carry out the program with the enlisted participation of community residents.

b. Function of the Primary Health Care Program and its characteristics
 and Scope of Activities

The field of activities of the primary health care program should be the following, as defined at the WHO's recent meeting held at Alma Ata:

- Education on major health problems of the rural community and their prevention and control
- Promotion of food supply, and proper nutrition
- An adequate supply of safe water and basic sanitation
- Maternal and child care, including family planning
- Immunization against the major infectious diseases
- Prevention and control of local endemic diseases
- Education concerning prevailing health problems and methods of preventing and controlling them
- Provision of appropriate treatment for common diseases and injuries

Meanwhile, characteristics of primary health care were emphasized following aspects of service functions:

- The primary health care program is the first stage of the health care system
- Continuous care and of the people's health
- Control and management of diseases that occur frequently
- Placing an emphasis on preventive services
- Providing first aid treatment, if necessary
- Referral of patients to the secondary higher medicare delivery facilities

c. Measures to Motivate the People's Active Participation

An enlightenment program for the people on the primary health care program should be strengthened by using briefing charts, slides and films, and other video-audio aids at every possible opportunity such as the monthly neighborhood meetings, Saemaul meetings, women's club meeting, mothers' association meetings, meetings at school, and at the Civil Defense Corps training. The enlightenment should be focused on common health problems, general health knowledge and practical means to help promote people's health.

Each family is expected to have a family health record file and a children's health card.

The health service program should also select and train women health volunteer workers and leaders, and the enlightenment program should be geared into such activities as to distribute delivery kits and first aid kits, and help develop improved toilets.

The Saemaul Women's Association leader and other type of women leaders should be encouraged to actively take part in the health service program, and the Saemaul Women's Association should be guided to include in their function of the organization and the aspects of primary health service program in future.

d. Basic Community Unit for the Primary Health Care Program

The basic community unit for the implementation of the primary health care program will be the administrative ri or dong. However, the community unit could be expanded if necessary to cover 2,500-3,000 people residing within the primary school district or to cover the entire myon as a basic unit.

e. Possibility of Financial Contribution Resources Mobilization by the People

Recalling that the first-class Medical Insurance Program is financed by 50-50 contributions by the employers and the employees, the government should provide over 50% of the total funding needed in the rural primary health care program.

The rural people should finance the purchase of basic medicines and the maintenance cost of the health facilities in their community.

Every family in the rural community is expected to contribute about 5,000 won or less yearly for the primary health care program where Saemaul Saving Association is not reached to its full scale level of operation.

f. Recommendation

- 1) The government should endeavour to encourage the health enlightenment program in the various training programs of the Saemaul Movement, the Civil Defense Corps and other social meetings.

- 2) The current Saemaul Women's Association should add the health service function to the present five organizational functions, including home life improvement, family planning and income-raising project aspects.
- 3) In the process of evaluation of the accomplishments of the Village Saemaul Movement, the performance of the primary health care service aspect and family planning aspects should be included.
- 4) The local health administrative system, particularly the pattern of organization, manpower and equipment of the local Health Centers, should be drastically strengthened to successfully support and develop the primary health care program. The strengthening of the Health Centers and local health administration is essential for the successful assurance of implementation of the primary health care program.

6. Discussions at the Plenary Meeting

The discussion was presided over by Prof. Ku Yon Chol of Ehwa Womens University.

After asking the participants to present their opinions and questions about the results of the discussions at the subcommittee meetings, the chairman proposed to discuss the question of the status of the community health practitioners. He explained that as the community health practitioners will serve in the community within the school district rather than in an individual village, the question arises of whether they will be the lowest official health staffs, or village

employed health workers. The question is, who will pay the salary for them?

Representing the First Subcommittee, Lee Sung Woo, chief of the Health Projects Division, KHDI, said that "although the Saemaul Health Program should be supported financially by the rural people, the health service activities in the community within the school district should be financed by the government."

The chairman concurred with him that "the Saemaul Health Program is a joint undertaking of the people and the government."

Meanwhile, Hong Soon Ki, chief of Chungwon County, responded, "the community health practitioners should be regarded as the lowest official health staffs, therefore their salary should be paid by the government." He also pointed that "it will be difficult to employ enough health practitioners with the current salary level in view of the fact that our county has succeeded to employ only 50% of the total required number of the mother-child health care workers. Therefore, a bonus should be given to such health staffs and workers. Such a bonus fund could be raised from the profits accrued from the income-raising projects developed in the school-district community."

Recalling the successful school-district community income-raising projects in his county, he added that "if the health staffs and workers devote themselves to community health services, the community will gladly grant bonuses and other allowances for them."

Kim O Young, chief of Hongchon County, suggested that "the government should increase the pay scale for such health staffs by giving them allowances for remote area services and technical services."

Hong Chung Hye, assistant chief of the Health Division, the Korean National Red Cross, said that, "it will be difficult to collect money for the salary payment for the health staffs. It is desirable that the health staffs should be employed at a reasonable salary as they are employed in the demonstration projects."

Cho Myong Su, a Saemaul official at Kangwon Provincial Government, said that "in view of the fact that the Saemaul Health Program should be developed in the medically vulnerable areas, and that the people in such remote areas are financially weak, the government should finance the expenses at the demonstration stage."

Hong Soon Ki, chief of Chungwon County, took the floor again and said that "the Saemaul Health Program should first be carried out in the economically self-sufficient villages to help pay the expenses for the employment of the health staffs."

In conclusion, the chairman said that "the employment and disposition of the health staffs should be determined, in principle, by cooperation between the government and the local people."

Meanwhile, Choi Hyong Su, chief of Gunee County, Gyeong-sang Puk Province, requested that "the village health demonstration projects developed in his county be continued without interruption." The primary health care demonstration projects have been carried out under an assistance agreement between the Korean government and the U.S. Agency for International Development, and the projects are scheduled to terminate in February, 1980.

To continue the development of the successful projects, he requested that "the authorities should decide the extent of the continuous support of the project prior to the termination of the project and increase the pay scale for the doctors and health personnel to facilitate the

employment of those people."

Kim O Young, chief of Hongchon County, echoed the same opinion that "his county people strongly oppose the termination of the health demonstration project. For the promotion of rural community welfare, the government should make a considerable investment in such a project, and increase the allowances for the medical and health personnel serving in the rural areas."

Prof. Lee Song Kwan of Kyongbuk University said that the development of the primary health care program "calls for the establishment of the secondary and tertiary health care services, as well as the medical delivery system."

Yang Jae Mo, Dean, School of Health Science & Management, Yonsei University, proposed that "for the realization of a welfare society in the 1930's, various welfare projects should be developed, including children's homes, children's nutritive diets, and aged persons' homes."

Hong Soon Ki, chief of Chungwon County, took the floor again to propose that "the primary health care program under the Saemaul Movement should be carried out under government leadership to prevent problems from arising in the program.

This seminar has greatly enlightened the civil servants on the importance of the health care program, and it is expected that an opportunity will be given to other county chiefs and myon office heads to take part in this kind of seminar."

Concluding the discussion session, the chairman entrusted the Korea Health Development Institute to make a recommendation to the government based upon the discussions made at the subcommittee meetings and the plenary meeting.

IV. Recommendation to the Government

For the realization of a welfare society in the 1980's, the primary health care program should be carried out as an essential part of the rural community development programs.

The primary health care program should be developed by the spontaneous cooperation of the people and the self-help spirit that "our health is our responsibility," under the Saemaul Movement.

The primary health care program, with autonomous lowest-echelon health organizations, should carry out the following essential projects:

- Education on major health problems of the rural community and their prevention and control
- Promotion of food supply and proper nutrition
- An adequate supply of safe water and basic sanitation
- Maternal and child care, including family planning
- Immunization against the major infectious diseases
- Prevention and control of local endemic diseases
- Education concerning prevailing health problems and methods of preventing and controlling them
- Provision of appropriate treatment for common diseases and injuries

Every village should have volunteer village health workers and the existing health personnel (midwives, nurses and nurse-aids) should be trained for multipurpose health services in the community. As the result of experiences showing that the women health workers have been most efficient, the health workers should be selected from among the

leaders of the Saemaul Women's Clubs and be trained for health services. Because they will serve without reward, they should be given appropriate honor and prestige.

The nurses and midwives should be trained to perform general health services, such as care of minor diseases, and the nurse-aids should also be trained for multipurpose services.

The project's rural unit will be the community within the primary school district, and the community will have a health care facility (headed by a doctor or community health practitioner), which will provide general health services to the rural people. The health care facility will formulate and manage the community health program, and will be located in the community hall or the nurses's room of the primary school.

The community health care facilities will be under the control of the county Health Center, and will be financially supported by the Saemaul Management Council, comprised of several villages in the community concerned.

The primary health care program should be developed with the close cooperation of the government and the people. While the central government and the local administration financially support the projects, the rural people should also contribute financially to the development of their community health projects. The people's enlightenment program should be strengthened by taking advantage of every opportunity to encourage their participation in it.

The central government should financially support the training program of the health personnel and the procurement of equipment.

The management expenses of the community health facility should be equally shared by the rural people, the provincial government and the central administration.

The project should be developed annually, step-by-step, in two or three communities in a county to spread the effects to other communities which will be encouraged to follow suit.

The chief of a county will select the project areas with priority given to the medically vulnerable areas which have the financial ability to partially support the community health care facility.

To successfully develop the primary health care program, the government should make public its strong intention to implement the program as part of the important government policy programs and should arrange administrative and legislative measures to implement the program. The primary health care program will call for an increase in manpower and financing to meet the increasing number of the lowest-echelon health facilities in rural communities.

This seminar has increased the understanding of the importance of the primary health care program among the civil servants. It is recommended that an opportunity be given to enable not only county chiefs but also myon chiefs to take part in this kind of seminar to help revitalize the community health program in this country. (Other detailed recommendations to the government are contained in reports on the results of discussions made at the sub-committee meetings.)